

00 01100					STAT	E OF MARYLAND		_	~~		
00-01102	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE SO U / 4, 5 3								
1	1 DE	CEASED NAME FIRST	,	MIDDLE	DI PIE	ASS.	1		DAY YEAR	2b. HOUR	
noy be page 3		On BOILEY 8 .	GARET	- 11	DIPIE	TRANTONIO TRO		-19-86		M. 1100A	
you may	3. SE		4. RACE		5. DATE C		6. AGE IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS	
ge 4 i		F	W		2-	6-1926	60	YRS	MONTHS DAYS	HOURS MIN.	
Po Po	7a. 8	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	(? B	NEVER MARRIED	9 BALTIMORE	ITY OR COUNT	OF DEATH		
deoth Jun 72		MAINE	υ.	S.A.	WIDOWE		BALT	IMORE	CITY -	MD.	
ied with	10. ⊂	TY OR TOWN OF DEATH		HOSPITAL, NURS		R OTHER INSTITUTION	120. USUAL OCC	UPATION MOST OF WORKING LI	126. KIND OF INDUSTRY	BUSINESS OR	
Do of the day		BALTO,	602	N. MI	LTON	AVE.	OPER			BINDING	
Pod Pod 1	13a.	AL RESIDENCE (IF NURSING HOME COL	NTY	GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS	? 13e. STREET ADD	PESS		21205	
AND 24 h		MD		BALT		YES NO			ON AVE	1 203	
rely 2 st	14. F/	ATHER'S NAME	MIDDLE .	LAST		15. MOTHER'S MAIDEN				N T	
E, MARYLAND 2 Completely filled Completely fille		ERNES"	7 Mc	KENNA	4	FIRST	ICE MC		LIN		
BALTIMORE, cole be execut and or ppers. Pages val.		VAS DECEASED EVER IN U.S. A	WE WAR OR DATES)	006-24		Mr. John W.		-602	N. Milt	21205 on ave.	
ALTI te b recion pers.		18 CAUSE OF DEATH (Enter o	nly one couse per						APPROXIM	ATE INTERVAL	
; 4 d d o		PART I. DEATH WAS CAUS	ED BY:	watur	U M	aior Ven	le		SETWEEN ON	SET AND DEATH	
S eri		IMMEDIA	TE CAUSE (0)	- Just	7.1	7					
PRESTON he death come move carlo matian, or r fraumotic	177	Candida and the state	DUE TO, OF	A A CONSEQ	UENCE OF	al I say	nie				
RES e de movement frau		Conditions, if any, which gave rise to immediate	(6)	can	core	of meday					
W. F by th ssere cren		couse (a), stating the underlying couse last.	DUE TO, OF	R AS A CONSEQ	UENICE OF						
201 es tho ned b pleas urial,			(18)								
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OF	CONDITION GIV	EN IN PART 110		
DIVISION OF VITAL RECORDS, ORENDING PHYSICIAN: The law requir offending physician. If this certificate hosen signs the buriolitransi permit Then the ond Mental Hygiene prior to b orked ar frem 18 shows any injury	CERTIFICATION	190. DATE OF OPERATION	196 CANDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOPSY	? 70b. IF YE	S, WERE FINDING	SUSED	
REG	문	8-21-86	RI	n Con	rrent	CAPPIAN		IN CERTI	FYING CAUSES C	F DEATH?	
N: The Nysicia ransit Hygie 18 sho	E .	21a, ACCIDENT WAS UNDERLYING	21b. TIME O	FINILIRY	7000111	21c. HOW INJURY OCC	MC YES NO			NO 🗆	
OF VI		OR CONTRIBUTING CAUSE OF DE		M. MONTH	DAY YEAR	The riot was a dec	OKKED I ENIER NATURE	OF INJURY IN HEM 18	PART OR PART 2)		
SKCIA ing place of the place of	MEDICAL	LIF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED			19	100 171011					
PHY tendi	Me de	WHILE NOT WHILE	21e PLACE C	OF INJURY IEET, FACTORY, OFFICI	E, FARM ETC)	21f LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE	
DIVG or off After e os t olth o		AT WORK			- A	-	1	1.10	- Cd		
- " 5 9 -	20	220.1 certify that (I) (Nuc hour	FYI . A.	e deceased from	().		10	100cm	-/	iot (I) (we) lost	
R ATTEN hospital RECTOR red for uppt, of H,		saw the deceased alive a above, (1) (we) (did) (did n		ofter death.	_ 50 , or	nd that in (my) (our) opini	an death accurred an	the date and hou	or and from the co	iuses stated	
OR on DIRE		226. SIGNATURE	00		0	DEGREE			22c DATES	IGNED .	
크루 크용하는		John	CIM	ue, M.	1/		MEDICAL DIRECTOR F	STAFF HYSICIAN	13/20	0/86	
HOSPITAL inted by the FUNERAL wild be detailed by the the Store by the		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	9		22e ADDRESS		3	1 1		
TO HOSPITA etained by TO FUNER should be d with the Sit		John C	. PRIC	E MI	,	Johns	Hopkin	5 /to:	pital		
7 5 F 4 3 3	23a. i	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATOR	23d. LOCATIO		COLARE		
BP		BURIAL	3-21	- 86 -	BALTIM	ORE CEM.	BAL		D .	STATE	
DHMH - 16 50M 4/82	24	VERAL DIRECTOR				25a [DATE REC'D. BY REGIS		BAR'S SIGNATU	RE	
(VRA 15, 4)	1	torte 4.00	233	4 Jack	Leura	72. W	AR 21 198	5	evictor go	most.	

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WM. C.MARCH F/H INC. 1101 E.NORTH AVE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 28 DATE OF DEATH 26 HOUR 17 86 7:05P IF UNDER 1 YEAR & AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12b. KIND OF BUSINESS OR INDUSTRY 130 STREET ADDRESS / ZIP CODE 513 N. PULASKI ST. 21217 DALFORD BERTHA SCIPIO 2412 FREDERICK AVE. 21223 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

YES [

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

22c DATE SIGNED

MARYLAND

STATE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

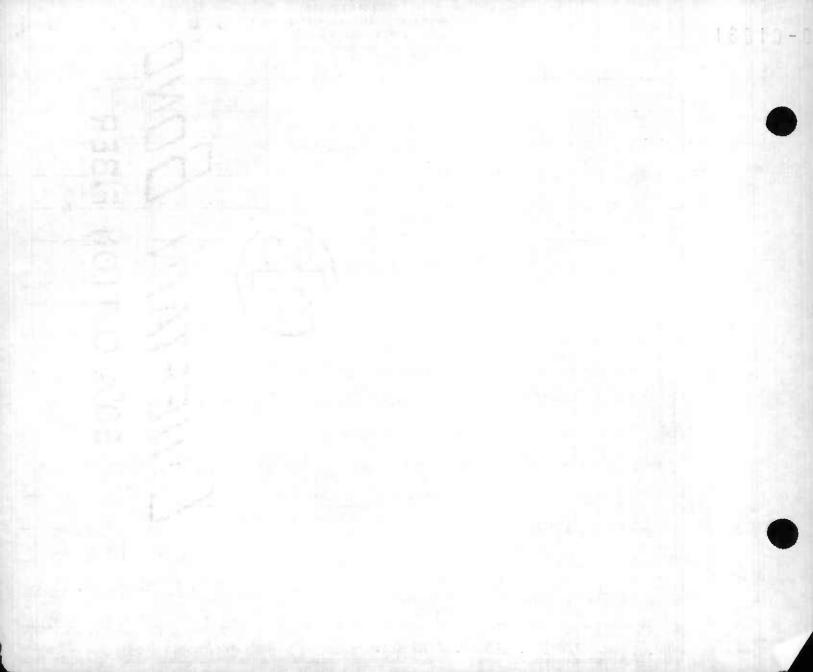
DHMH - 16 60M 7/84 (VRA 15, 4)

4 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

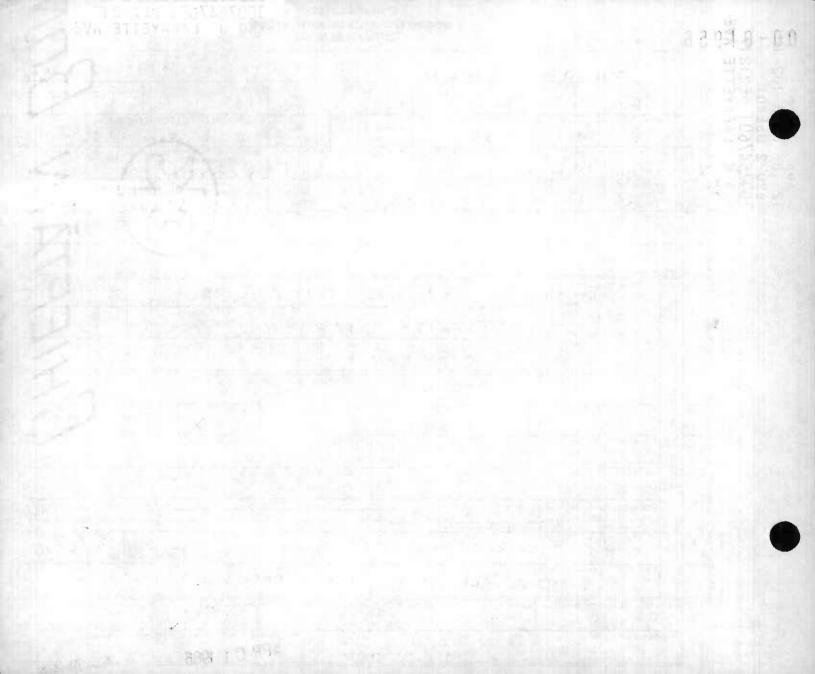
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	REG. NO.					
	REG. NO.					

1	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEAT	rh	RE	G. NO.			
		CEASED NAME	FIRST	1	MIDDLE	t.	AST		20. DATE OF DEA		DAY YEAR	2b. HOL	IR
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1	3. SE)	(4 RACE		S. DATE C			S. AGE (IN YEARS LA		MONTHS DAYS	IF UNDER	24 HRS
4		FEMALE		BI	LACK	7		YEAR	52	YRS		HOURS	MIN.
100		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF		TRY? 8	NEVER MARK	JIED []	BALTIMORE CI				
4		IRGINIA		41.	S. A.	WIDOWE		CED	Balt.	imore (City		MD.
1		TY OR TOWN OF DEA	TH			JRSING HOME C	R OTHER INSTITUT	ION	120 USUAL OCCL	IPATION	12b. KIND C	F BUSINE	
X	В	altimore			nd Gen	eral Hos	spital		NURSES A		NURS IN	IG HG	MF
1		AL RESIDENCE (IF NURS	13b COUN		GIVE RESIDENCE		136 INSIDE CITY L	IMITED I	13e STREET ADDR				
		ARYL AND	138 COOI	VIII	BALTI		YES X NO		ST. BAL	TIMORE	, MARYLA	ND 2	1217
	Name of Street, or other Designation of the last of th	THER'S NAME					15. MOTHER'S MA	IDEN NAM	E				
9		RICHARD		MIDDLE	WILLI		SUS]	IF.	MIDI	DIE	REDE		
		VAS DECEASED EVER				SECURITY NO.	17. INFORMANT		821 1	REVIN R			
	(1	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	MILL.		JOHN T. V	VILLIA	AMS BALT	IMORE.	MARYLAND	212	29
		18 CAUSE OF DEAT	H (Enter or	nly ane cause per	line for (a), (b	or, and ici.)						MATE INTE	
		PART I. DEATH W	AS CAUSE	D BY: TE CAUSE (a)			rcinoma	of the	- lung				
			IMMEDIA		Laborator Control								
	7	Conditions, if any,	which	DUE 10, O	R AS A CONS	EOUENCE OF							
		gave rise to imr	nediate) (6)—						32.00			
-		cause (a), status underlying cause		DUE TO, O	R AS A CONS	EOUENCE OF							
		PART 2 OTHER SIGN	VIEIC ANT	CONDITIONS CO	NTRIBITING	TO DEATH BUT	NOT PELATED TO	THE TERMIN	VAL DISEASE OR	CONDITION	SIVEN IN PART 1:	0	
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⊴	IF	1		- 5 - 5					YES NO	_	TIFYING CAUSES YES T	OF DEAT	
5	ER	210. ACCIDENT WAS UNI	DERLYING [216 HOW INJURY	OCCURRE			8 PART T OR PART ?)		
1		OR CONTRIBUTING		8110	M. MONTH	DAY YEAR							
	MEDICAL	21d INJURY OCCUR		21e. PLACE		14	211 LOCATION					-	
	ME	WHILE NOT WE	HE -	(AT HOME, STE	REET, FACTORY, OF	FFICE, FARM, ETC)	STREET		CITY	ORTOWN	COUNTY		STATE
Н		220. certify that (D		tal) attended th	e deceased for	Fohr,	12717 77 1	0 06	to Man	ah 77	10 86	that (K)	we) lost
	1	saw the decease	ed alive an	Marc	h 11.		nd that in One (aur						
		above, (M(we) (c	did) (delvo	view the body	after death.		DEGREE				77t DATE	SKINED	/-
	3	- Chi	wh	Tofor	0		ATTE	NDING _	MEDICAL	STAFF CO	13	1111	86
		22d. PHYSICIAN'S N	AME (TYPE C	OR PRINT)			22e ADDRESS	SICIAN []	DIRECTOR PH	HYSICIAN	1	1/10	160
		111	NOT	WI	, Lor	1		uland	General	Hospit	al /	1	
	23a P	BURIAL, CREMATION,	REMOVAL	23b DATE	1		EMETERY OR CREA		T236 LOCATION				
		BURIA		3/14/	1986		IILL CEME		CITY OR TO	WN	TIMORE,	MARY	LAND.
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DHMH - 16 50M 4/83

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20 DATE OF DEATH MONTH 25 HOUR (TYPE OR PRINT) AGNES DOCHTERMAN MARCH 4. RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR 12 - 30 - 1900 White Female 70. BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City ennsylvania U.S.A. DIVORCED T CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Church Hospital Baltimore Homemaker Home MOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 3728 Gough Street 21224 Baltimore Marvland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Brongoszewski Ramiszewski Anna John 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 216-03-8930 Mr. William Tudom 417 S. East Ave No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and 10 PART I. DEATH WAS CAUSED BY CARDICA ARREST IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF PULMONARY INFARCTION Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last MYOCARDIAL INFARCTION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES NO [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC) WHILE NOT WHILE AT WORK 22a.1 certify that (I (this hospital) attended the deceased from MADCH 25 .. 19 86 . 10 MARCH 27_19_86 ond that in (my four) punion death occurred on the date and hour and from the causes stated 22h SIGNATUR DEGREE 72r DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYS (CIAN'S NAME (TYPE OR PRINT) 22e ADDRESS CHURCH HOSPITAL CORPORATION d b L.K. PEREDO BROADWAY, BALTIMORE, MD. 21231 0 230 BURIAL CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY 23d LOCATION 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 when well doon-(VRA 15, 4)

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S S	10.	0	1	day.	5	
OF DEATH	MONTH	DAY	YE AR	2 b	HOUR	
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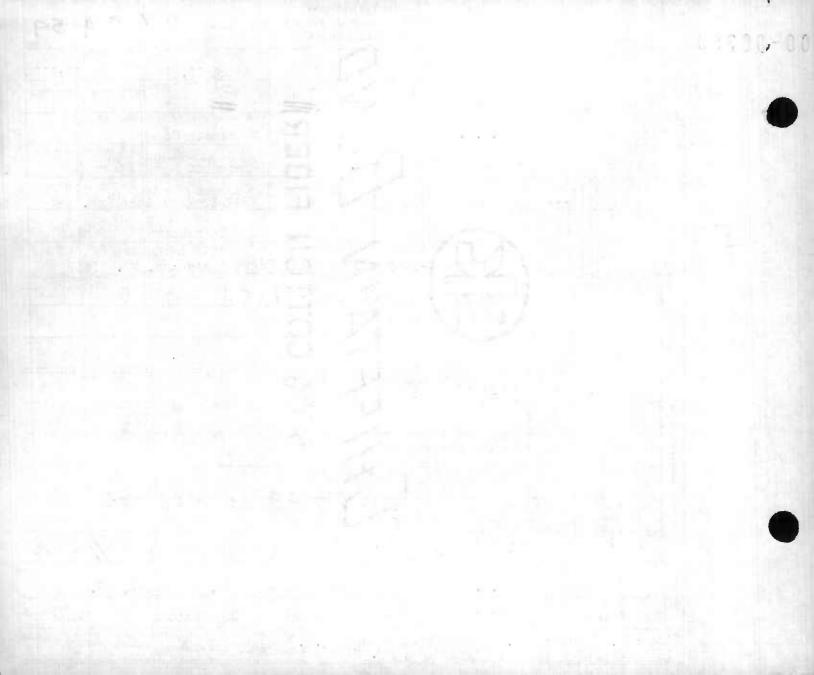
				SIAI	E OF MARILAND				
179	1	FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO		1 4 5	
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
0/		ANNA	VIVIAN	DOMINE	EY	MARCH 9	. 1986	8:40	
14	3. SE	X	4 RACE	S. DATE		6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER	R 1 YEAR IF UNDER 24	
		Female	White	Augi	DAY YEAR 18.1920	65	YRS	DAYS HOURS	
46		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8		9 BALTIMORE CITY O		ATH	
411		ew York	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED D	BALTIMORE	CTTV		
200	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS	ING HOME		120 USUAL OCCUPATI	ON 126.	KIND OF BUSINESS	
2		BALTIMORE	JOHNS HOPKINS		TAL	Clerk	F WORKING LIFE] . IND	Office	
201	LISU 13a	AL RESIDENCE (IF NURSING HOME	E OR OTHER INSTITUTION GIVE RESIDENCE BEFO DUNTY 13c. CITY OR TO	ORE ADMISSION)	\$13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	7 IP CODE		
20	Ma	ryland Anne	e Arundel Pasaden		YES NO X	2934 Lady		rt 2112	
101	F. F	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME			
20	1	Earl	Morse Morse		Charlotte	WIDDLE		Wade	
6		WAS DECEASED EVER IN U.S.		URITY NO.	17 INFORMANT	ADDRE	SS		
1			None 122.09.	9312	Paul H. Domi	ney Son	Same as	13	
y, or other t		gove rise to immediate couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQ		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN F	PART IIO	
in in	CATION								
1	CERTIFICA	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	IN CERTIFY		WERE FINDINGS USED YING CAUSES OF DEATH?	
9	2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)	
1	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	wn col	JNTY STA	
tion .	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	STREET	CITTORIO	WN COL	318	
I IN THIS		220 I certify that (I) (this ha	ospital attended the deceased fram		nd that in my (our) apinian	ta	19 0	that (I) (we	
É	A	above (1) (we) didyldid	on19. I not i view the body after death.		DEGREE			DATE SIGNED	
-		100	1		ATTENDING	MEDICAL STAI	F	3/9/50	
Z-1-	100	22d PHYSICIAN'S NAME ITY	PLOR PRINT)		220 ADDRESS	DIRECTOR PHYSIC	IAN	1700	
IMPORTANT		MICHAEL S		4.0	FRANCIS SCO	VT KEY M	ED GUTP		
3		BURIAL, CREMATION, REMOV	/AL 23b. DATE 23c	NAME OF	EMETERY OR CREMATORY	23d LOCATION	COUNT	V 67.1	
		Burial	Mar.12,1986 A	shvill	le Cemetery	Jamestown		New Yor	
	24 F	UNERAL DIRECTO	Bilimons		250. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S S	IGN ATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

Singleton Funeral Home, Glen Burnie, Maryland



2.0	0.0	22 0		+-	Items #5&6 files	lm #G613-	-3/27/8 DEP	ARTMENT OF	E OF MARYLAND REALTH AND MENTAL HYG ICATE OF DEATH		4 59
] [-	UU	Lin)	I. DEC	EASED NAME FIRST		MIDDLE		IAST	REG. NO. 20. DATE OF DEATH MONTH D.	AY YEAR 12b HOUR
	e o	o to 0	1	(TYPE	OR PRINT) RUBY				DONAHUE	March 12, 1986	11:15Pm
	moy	er deoth	-	3 SE>		4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	4	S offi		1	emale	whi	to	Tan	uary 17, 1921	60 65 YRS	ONTHS DATS HOURS MIN.
		Hour Se	,		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
1	· Co	nero ng 72	1	٨	laryland	u.s	S.A.	WIDOW		Baltimore City	MD.
1	9	with With		1	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NI	URSING HOME (OR OTHER INSTITUTION	124 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
201	5.	filed for	X		altimore		wleys		Apt. 4C	Homemaker	Own Home
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	24 hou	lled in uld be núst be	E			OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Baltimore			13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 5511 Bowleys La	21206
YLAP	thin	2 sho			THER'S NAME				15. MOTHER'S MAIDEN NA		ne apr. 4-c
AAR	3	wow Xom	0		James	MIDDLE	May	vroe.	Mary	Elizabeth	Hare
RE, A	ecute	55	7		AS DECEASED EVER IN U.S.			SECURITY NO.	17 INFORMANT	2918 Lakebr	
IMO	e e	Poge medi			(IF YES	GIVE WAR OR DATES	220-0	7-2623	Bonnie Lee 1	Riley Lansdowne, 1	
SALT	o te p	pers.			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per	r line for (o), (I	bi, and is	M. Market	-14	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T	rtfc	phy on po emov				SED BY IATE CAUSE (a)	4900	AKU,	40 NP914	TION	
NO	th ce	or r. or r.	10		THE RESIDENCE	DUE TO, O	R AS A CONS	SEQUENCE OF			
EST	dep	offe			Conditions, if any, which gave rise to immediate	(16)					
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DS, 2	and a	signe hen p o bui		Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 11a
CORI	v red	nort nort	7	ATIO	19a DATE OF OPERATION	19b COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF YES,	WERE FINDINGS USED
REC	0 0	perm ne pr ws or	7	CERTIFICATION	THE DATE OF STERMING					YES NOT YES	ING CAUSES OF DEATH?
/ITA	4: Th	ronsit Hygie 18 sho	-4	CERT	210 ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS PA	
OF	CIAN ph)	ol-tra	9		OR CONTRIBUTING CAUSE OF L	DEATH	.m. month .m.	DAY YEAR			
NO	HYSI	burn American		MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE
IVIS	IG P	s the oncorr rked		×	WHILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY, O	FFICE FARM ETC)	Since!	CHI OK TOWN	01
-	NO I	R: Af			22a I certify that (I) (this has	spital) attended th	ne deceased I	rom_08	-26 1957	1005-05,1	9 that (I) (we) last
	spito	of H			saw the deceased olive above, (1) (we) (did) (did	VII		19 50.0	nd that in (my) (our) apinion	death accurred an the date and hour	and from the couses stated
	OR P	DIRECT Sched f Dept. o			226 SIGNATURE	lens	1/20	/	DEGREE ATTENDING .	MEDICAL STAFF	220 DATE SIGNED
	TAL of the	4 60 61			com	runi	ur 9	11	PHYSICIAN !	DIRECTOR PHYSICIAN	7/3/10
	OSP ed b	FUNER of the St			224 PHYSICIAN'S NAME TYP				77e ADDRESS		
	eto:n	should be dewith the Stoke	1		Cesar Gam			F00 = ==		ir Road, Baltimor	e, MD.
	DD				urial, Cremation, Remov. remation	3/15/	86		ew Crematory	Catonsville	COUNTY Maryland
	BP.										
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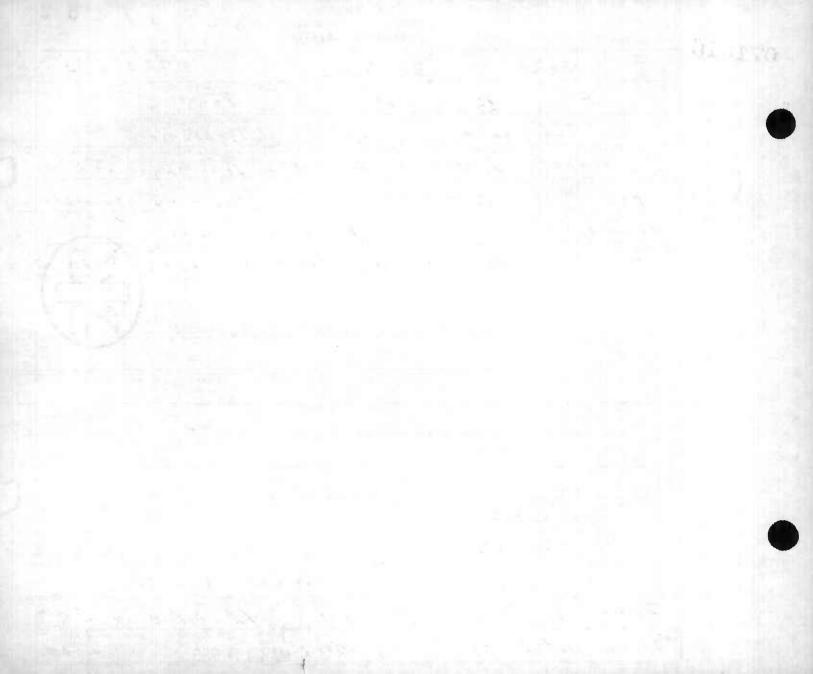


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> Bradeing of the call to me and interest in mistage

063006	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 7 4 6 1 CERTIFICATE OF DEATH REG. NO.
		EASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
nay be page 3 er death		BCUL	AN GEORGIA DORSCH 3-3-66 4
ge 4 mo ectar pi rrs after	3. SE.	many .	4. RACE S. DATE OF BIRTH MONTH DAY YEAR 8 AGE INVERAS LAST BIRTHDAY) WONTHS BATS HOURS MI YRS YRS
	100	OUNTRY) S 50 W/	16 CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY
2/4/	10.C	ALTIMBRE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE PROPERTY OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DOMES 71
一般把	13a S	TATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNITY 136 CRY OR TOWN 13d INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE WE ARUN BALL RD 213
mpletely and 2 st	13"	THER'S NAME FIRST 5. D	MIDDLE Graffenreid FOREKA M. WALLNER
and co			ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SIVE WAR OR DATES! 219-34-4531 GILBERT DORSCH SAME AS # 13
uires that the death	7	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	anly ane cause per line for (a), (b), and (c) SED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEA APPROXIMATE INTERVAL BETWEEN ONSET AND DEA DUE TO, OR AS A CONSEQUENCE OF (c) T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a
he law requant has been sit permit. The ene prior to we any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 208 LIF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN. The ending physicia this certificate the burid-transit ad Mental Hygie dor frem 18 she	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	
FNDING P tabl or atter OR. After the or use as the f Health and			spital) attended the deceased from 2 - 17 , 19 8 6 , to 3 - 3 , 19 8 6 , that (1) (Fe) and 3 - 3 , 19 8 6 , and that in (my) 6) apinian death accurred an the date and hour and from the causes stated not inview the bady after death.
SPITAL OR ATT J by the haspin VERAL DIRECTO be detached for e State Dept of TANT: If them 21		Obove. (1) (we) (did) (did-	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-3-86
TO HOSPITAL etained by 1 TO FUNERAL should be del with the State		STEVEN	130N, m.D. 3001 S. HANOVEN St. B, MD 21
BP	I	URIAL, CREMATION, REMOVA SPECIFY) URIAL	3-6-86 CEDAR HILL CENETERY RIGHT RUPALES AN ALD
DHMH - 16 60M 7/84 (VRA 15, 4)	Me	NERAL DIRECTOR 237 E	PATAPSCO BALTIMORE, 2/22/150 DATE RECD. BY REGISTRAR 250. BEGISTRAR'S SIGNATURE AL HOME OF BROOKLYN MAR 6 1986 Fulia Davidson-Rondore

305630 Shirt per term in section to the public to the THE MALE AND STREET WATER THE PARTY OF THE P



071012	FOR STATE REGISTR			DICAL	MENT OF H	EALTH A		NTAL HY	KEATH	0 7 e	, 5	è
3.47	1. DECEASED (TYPE OR PRINT		CATHERII	MIDDLE	M.	LA	OWELI			WNXX MONTH	DAY YEAR	26. HOUR
Y, PLEAVINE CTO	3. SEX female	4. RACE white	5. DATE OF BIRTH MONTH DAY 10/04/14	YEAR	6. AGE (IN YEAR	S IF UND	ER 1 YR.	FUNDER 24 HOURS MI	HRS. 2c. DATE	MONTH	DAY YEAR	2d. H9HR
ECESSAR NERAL D FOR YO WITHIN J PRESTO	7a. BIRTHPLACE FOREIGN COL	CE (STATE OR	76. CITIZEN OF WI		VTRY?	MARRIED		ER MARRIED DIVORCED	9. BALTIMORE	3-8- CITY OR COUNT Ore City		11:3/2
DELAY IS NECESSARY, PLEASE 3 DETHE FUNERAL DIRECTOR. WE PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOUNES FOST OWN, PRESTON STREET	IO. CITY OR TO	Baltimore	11. NAME OF HOS JIF NOT IN SUCH FA St. Agne	CHITY, GIVE!	IRSING HOME, STREET ADDRESS) Spital	OR OTHER			USUAL OCCUPATION FOR MOST OF WORKING LINE HOUSEWIFE	N (TYPE OF WORK	OR INDUST	RY
E ANY D AND 3 RETAIL SHOULD	MAryla:	nd BaI	e or other institution, gi INTY LIMORE	13c CITY	e before admission or town timore	13	3d. INSIDE CITY Yes 🔀		street address 1405 S. Car	rey Stre	et 2122	23
DREAMD DEATH: GES 1, 2 M PM 3 AND 2 OF VITAI		J. Cosgro			LAST		Mary	Abel	MIDDLE		LAST	
ON ST., BALTIMORE 24 HOURS AFTER DEA' ITEM 18. GIVE PAGES LONG WITH FORM P PERMIT. PAGES I AN OFTEN. DIVISION OF V VAL.	no (YES, NO, OR		ARMED FORCES? VE WAR OR DATES) only one couse per line	212	:-03-910		Milto	on Dowe		oress S. Carey	Street	
HAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH-RE AND 37 PRD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 37 CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAY ENER AS A BURIAL - TRANSIT PERMIT PAGES 1 JAND 2 SHOULD OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS RIAL, CREMATION, OR REMOVAL.	ga cau lyir	nditions, if ony, which we rise to immediate to immediate (a) stoting the underly cause last.	the DUE TO, OR	AS A CON	NSEQUENCE OF				lar disease			
F VITAL REC TE SHOULD E WORD "FEN HE CHIEF ME ENT OF HEAL	TIFIC	TE OF OPERATION			WHICH OPERA	ION WAS	S PERFORM	ED?			20 AUTOPSYT	NOX.
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DIVII THIS CER WARDED PAGE 3 (TATE DE	WHILE AT WO	☐ NOT WHILE	STREET, FACT			STRE	EET		CITY OR TOWN	cou	ути	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE OF TO FUNKAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT I BALTIMORE, MARYLAND, 21201 PRIOR TO BU	deoth ACTUA SIGNAT	resulted from: Nat	rge of the remains despond to the large of t	Accident		Autopsy de , , , , , , , , , , , , , , , , , ,	Homicid TITLE (SPE ASSIS	stant	MEDICAL EXAMINER		3-9-86	
Bb———	230. BURIAL, CR (SPECIFY)	EMATION, REMOVAL		23c. 1	name of ceme	TERY OR C	CREMATOR	Y 2:	3d. LOCATION CITY OR TOWN	COUN	TY ST	ATE
DHMH-17 (VR.A15 ME (5)) 15M2/80	24. FUNERAL I		ADDRESS Home 1328				250	. DATE REC	Baltimore D. BY REGISTRAR 256 101986	REGISTRAR'S SI	GNATURE	e j

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1 135	11a. S	MATE ()	136 COUN		PR TOWN	OYES NO A		den Stre	et 21225	
1 11020	/	Harry			chman	15. MOTHER'S MAIDEN		AIDOLE	Zoell	er .
Consession of Property		VAS DECEASED EV (ES. NO OR UNKNOWN) NO		WAR OR DATES)	-12-0743	Dolores M	. Meyers	ADDRESS Same	as 13e	
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SCAN The g physicion perfectle to centrate	CAL CERTIF	210. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME	CAUSE OF DEA	HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OC			S NO	
offered or the first fir	MEDI	TIL INJURY OCCU	WHILE ORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY		21f LOCATION STREET		ITY OR TOWN	COUNTY	STATE
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ВР		SPECIFY) Bur	ial	3/5/86		emetery or crematoridge Mem P	ark 23d LOCATION Balt	imore	Howard	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
George J. Gonce 4001 Ritchie Hgwy Balto Md

STATE 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

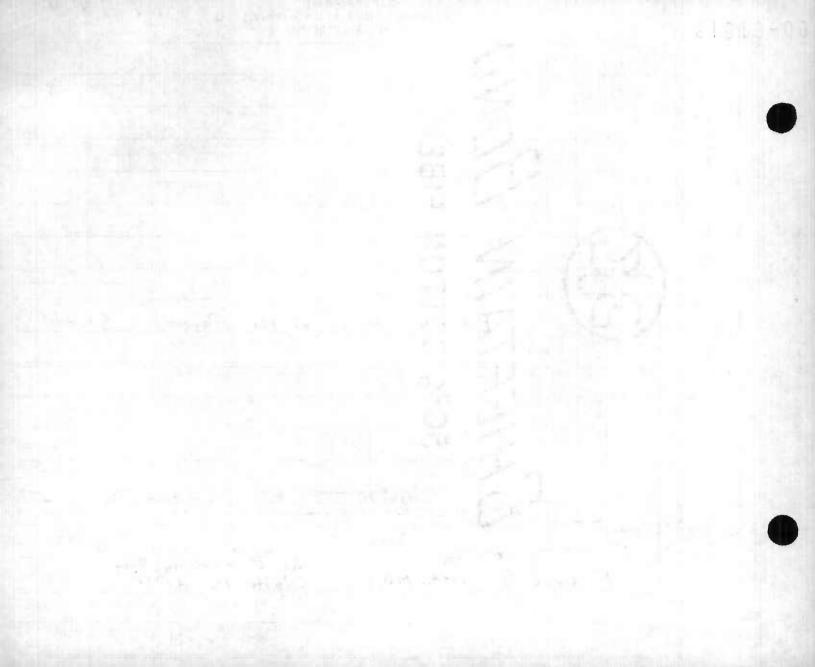
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7- \ 1	STATE OF MARYLAND	47
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yo go	6 17 10	DER I YEAR OF UNDER 24 HRS
-: 3	MALE Male Caucasian Month 12 10 M5 75 YRS.	DAYS HOURS MIN.
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ORE,	140, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
TIMO	no 213-09-3460 WITE HOUTAULORS	
ST., BAI	18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LESPIRATORY FAIWRE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ITAL	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TO	RPART 2)
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NG PHYSICIA offending phy after this certific st the burial-tre th and Memal H	(IF EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY OCCURRED 21d INJURY OCCURRED 21d INDURY OCCURRED 31d INDURY OCCU	OUNTY STATE
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RECT RECT RECT Per 2	Obove, (1) (see) (did) (did-not) view the body after death. 276. SIGNATURE DEGREE	26 DATE SIGNED
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Should should be	23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION	
BP	Burial 3/7/86 Oak Lawn Cemetery Baltimore	Maryland
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS ADDRESS	
(VRA 15, 4)	Connelly Funeral Home 300 Mace Ave. 21221 MAR 7 1986	

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AL OR ATT y the hospin AL DIRECTO detoched for ore Dept of UI: If them 2'		22b. SIGNATURE	-11	when	mig	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_ 11.	S/A
HOSPII ined by FUNER wild be h the St		22d. PHYSICIAN'S NAME (TYP)	1. 0	Pata	mMD	220 ADDRESS 211	1to Md 21	21 Paliny	
Bb————————————————————————————————————	23a	BURIAL, CREMATION, REMOVA (SPECIFY) Burial				emetery or crematory emetery	CHOWNSVIII	e county	s1Md
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TAL OR A Y the has RAL DIREC detached tote Dept. NT. If Nem		obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/2/8 b												
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		JNERAL DIRECTOR Du	da-Ru		C				TE REC'D. BY RE	GISTRAR 256	W	-		
DHMH - 16 50M 4/B3 (VRA 15, 4)		NAME DU			HOU	_{Mess} Marvlan	21222	2 N	IAR 4	1986	F. Ca. A	or ideas	-Andel	

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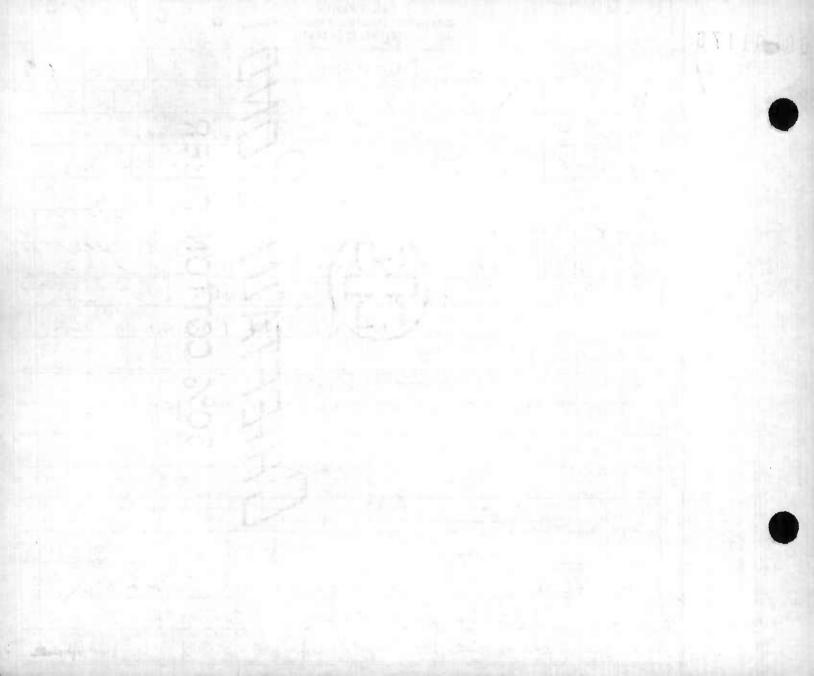
00-01490	STATE OF MARYLAND 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
ORE, MARYLAND 21201 Comparently filled in by the funeral director, page 3 per 3 and 2 should be filled within 72 leaves after death. Total teammore final ships from a first of the death.	DECEASED NAME (17PE OR PRINT) A RACE A RACE A RACE S. DATE OF BIRTH MONTH DAY YEAR S. DATE OF DEATH FATHER'S NAME IS UNDER 19 HAS INDUSTRY YEAR S. DATE OF DEATH MONTH S. DATE OF DEATH A RACE S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR S. DATE OF DEATH MONTH DAY YEAR NOWEN TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE OF JURISH TO A MOST OF WORKING LIES INDUSTRY IT WE NOT THE A MOST OF WORKING LIES INDUSTRY IT WE NOT THE A MOST OF WORKING LIES INDUSTRY IT WE NOT THE A MOST OF WORKING LIES INDUSTRY IT
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			STATE OF MARYLAND	- i 1	1 / 4 / 3
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3 SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	
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10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF	RSING HOME OR OTHER INSTITUTIO	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	176 KIND OF BUSINESS OR
12	SAUF, MONE	190N 56	GOURS HOSE	Lagurer	NOUSTRY NOUSTRY
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	you ww		. OGTO BNUISMS	BEDUNNAM	11215
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	underlying coose lost	((c)			
-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
è				ID. St. Law	
3	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
1				YES NO	YES NO
N.	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
4	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
Dic	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	211 LOCATION		
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		oital) otherded the deceased fro		10 31 1	, 19, that (I) (we) lost
	sow the deceased alive or above, (1) (we) (did) (did no	ot view the body after death.	9	pinion death accurred on the date on	d hour and from the causes stated
	226. SIGNATURE	4	DEGREE	Emma water	220 DATE SIGNED
	1 / N /(lum	MAN ATTEND	ING MEDICAL STAFF	3/24/KG
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	100	
	WALLEY WAY	by R ATRIA	12NE 15401	11. 16th PT 18	26 MY 23
22-	BLIDIAL CREMATION DEMONA	122h DATE	36 NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	
230	BURIAL, CREMATION, REMOVAL	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11	CITY OR TOWN	7 5 COUNTY STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)



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7.5				FIRST	- 13%	MIDDLE	l	AST	20. DATE OF DEATH MO	NTH DAY	YEAR	26 HOUR
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free po		3. SE					MONTH	DAY YEAR		AY) IF UN	DER I YEAR	HOURS MIN.
oge vers o							Sept	. 30, 1907		YRS		
h. re	37	- 0	OUNTRY)		76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED			DEATH	
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the die	7				(IF NOT IN SUC	H FACILITY, GIVE STREET	DDRESS)		(TYPE OF WORK FOR MOST OF W	ORKING LIFE) IN	NDUSTRY	
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filled in the state of the stat	5	13a S	TATE			Aberdeen	7	13d. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS / Z	Street	210	001
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mpl mpl	0					Duty						
Pages	7	(1	ES, NO OR UNKNOWN)							yton R	1085 bad,Jo	oppa, Md.
toSPITAL OK ATTENDING PHYSICIAN: The low requires that the death certificat and by the haspital or attending physician. FUNERAL DIRECTOR, After this certificate has been signed by the attending physicial be detached for use at the burnal-transit permit. Then appears remove corbon papping the State Depti of Health and Mental Hygiene prior to burlal, cremation, or removal ORTANT: if them 21 is marked or them 18 shows any injury, or other traumant event, in	12	MEDICAL CERTIFICATION	PART I. DEATH W. Conditions, if ony, gave rise to imm couse (o), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIPETITIES (IF EITHER NOTHY MEDIC 21d INJURY OCCURR WHILE NOTHY MEDIC 21d INJURY OCCURR WHILE NOTHY MEDIC 22a. I certify that could be a county of the decrease of the decrease of the county of the decrease of the county of the decrease of the county of the decrease of the county of th	which lediate the last. IIFICANT (ION LERLYING LAUSE OF DEALERAMINER LEXAMINER LEXAMI	D BY: (E CAUSE (a) DUE TO, O (b) DUE TO, O (c) ON ID TO TO (it) ON ID T	R AS A CONSEQUE R AS A	NCE OF ATH BUT OPERATION Y YEAR 19 ARM ETC.)	CLOSTALED NOT RELATED TO THE TERM NOT RELATED TO THE TERM PROPERTY DISCONTINUE 211. LOCATION STREET 19 Aud that in (my (our) opinion DEGREE ATTENDING	YES NO III YES NO III YES NO III CITY OR TOWN 2	Ob. IF YES, WE N CERTIFYING YES NITEM IS PART 10	PART INDINION OF PART 2)	GS USED OF DEATH? NO STATE hat (I) (e) lost ouses stated
Sho MAP	4					70		2010				
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Fage 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled many the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examined make by adopted.	The low requires that the deoth certificate be executed within 24 hours offer deoth, rage 4 incon. The has been signed by the attending physician and completely filled may the funeral director in permit. Then please temore carbon papers. Pages incompletely filled may the funeral director state prior to buriol, cremation, or remayal. Shows only injury, or other fraumatic event, the medical branches has be not red dropped.	O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 2 hoursvafter death, rage 4 may be stained by the hospital or attending physician. O FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely fulled may the funeral director page 3 hould be detacked for use as the burnal-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours offer death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal. WARTANT: If them 21 is marked or from 18 shows any injury, or other traumatic event, the medical examinet must be not the database.	The hospital or other deciding physician. The DIRECTOR After this certificate be executed within 2 Thousand tending physician. The DIRECTOR After this certificate be secured for use of the purplement of th	The property of the property o	DOLLOW A LIENDING PHAYSICIAN. THE BOARD OF COMPINITY OF ALTENDING PHAYSICIAN. The low required the deed of the property of the	The design of the state of the	DEPARTMENT OF H STATE REGISTRAR I. DECEASED NAME (IVPE OF PRINT) MUNCY MUNC	The Conditions of the Part of	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR TOTAL PARTICIPATE OF DEATH REG. NO. 1. DECERSED NAME FROM MUNCY (nmm) DUTY SR MARCE 17, 1 MUNCY (nmm) DUTY SR MARCE 17, 1 MARCE 1	DEPARTMENT OF HEALTH AND MENTAL HYGERE 1. STATE 1. STA	DEPARTMENT OF HEALTH AND MENTAL HYGENES 1 - SISTEMA Index

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Howard K. McComas III, Abingdon, Md. 21009

Mar.20,1986

23b DATE

23a BURIAL, CREMATION, REMOVAL (SPECIFY)
Buria1

Harford Bel Air Mem. Gardens Bel Air Harfor

Sin, Md. 21009 MAR 1 9 1986

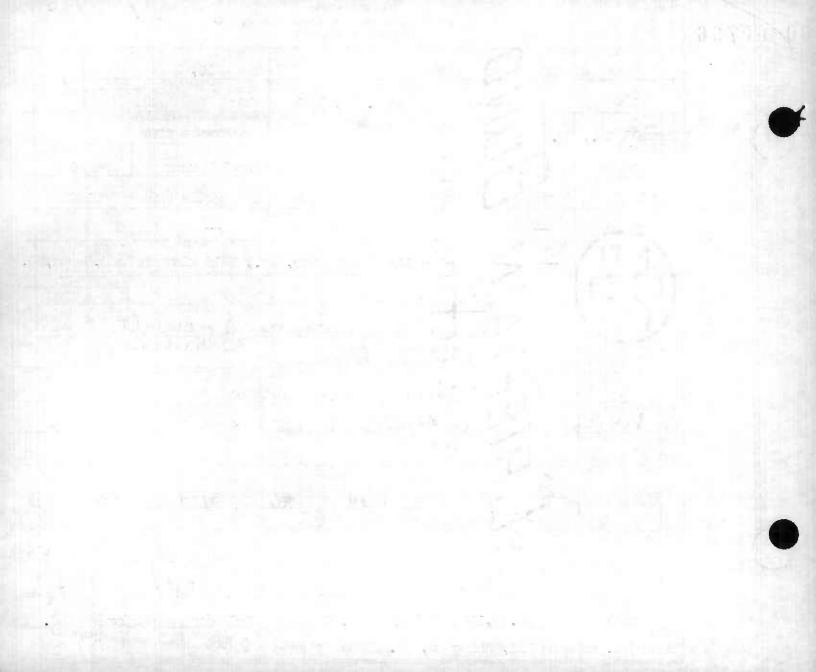
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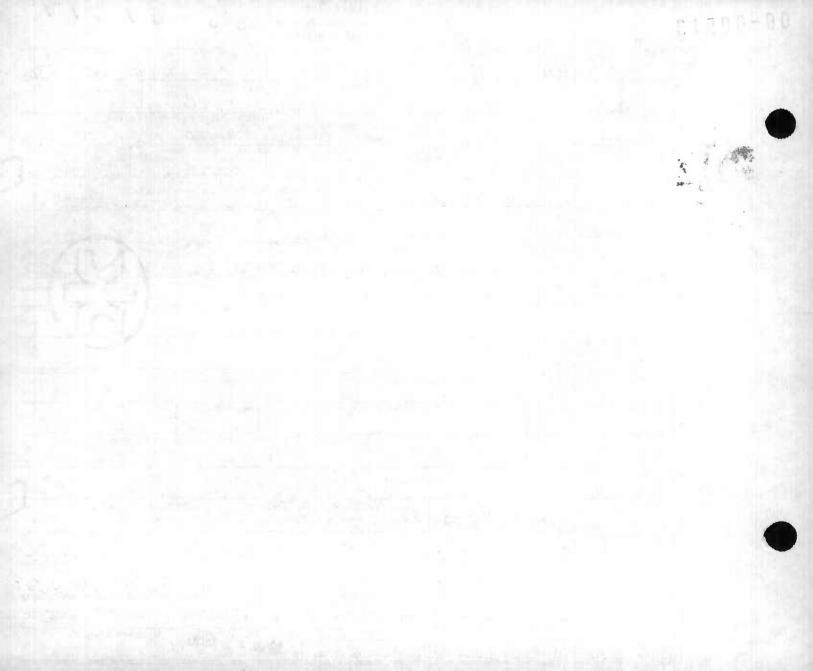
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STATE

Md.

236 LOCATION





TO HOSPITAL

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: If Hem 21 is marked or Hem 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

П	MEGISTRAR			CEKITFI	CATE OF DEATH	REG	. NO.		
Þ	DECLASED NAME FIRE	ST A	AIDDLE	LA	ST	20 DATE OF DEATH	H MONTH	DAY YEAR	2h HOUR
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3	SEX	4 RACE		5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	
L	Male	Caucas	ian		ne 13,1898	87	YR	s	, , , , , , , , , , , , , , , , , , , ,
7	BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CIT	Y OR COU	NTY OF DEATH	
7	Maryland	USA		WIDOWED		Baltin		City.	MD.
7	O CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUP			OF BUSINESS OR
	Maryland	800	N. Luze		ve,21205	Dvorak F	Bro.&	Son	Owner
	JOUAL RESIDENCE (IF NURSING HI 130. STATE	COUNTY	13c CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	SS / ZIP CO	ODE	
1	Maryland -	-	Baltim		YES NO	800 N.	Luze	rne Ave	e, 21205
-	4 FATHER'S NAME FIRST	MIODLE	LAST		15 MOTHER'S MAIDEN NAM	WE	E	ı	ASI
4	Frank		Dvora		Barbara			rochas	ka
1	60 WAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES]	166 SOCIAL SECU	RITY NO.	17 INFORMANT		DRESS		
L	No		216-32	-6881	L Anna Dvor	ak (wif	e) s		iress
ſ	18 CAUSE OF DEATH (Er	nter only one couse per	line for (a), (b), one	dico		3000		BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
ı		EDIATE CAUSE (a)	Inanit	ion				4 1	mos.
1		DUE TO, OI	R AS A CONSEQUE	NCE OF					
1	Conditions, if any, whi gove rise to immedia				VIII I WELLIN				
1	couse (a), stating t	he DUE TO, OI	R AS A CONSEQUE	NCE OF					
	underlying couse la	(c)							
		ANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART	110
	19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYT	Tinh CONID	TION FOR WHICH	ODERATION	LIMAS DEDECORASED	20g AUTOPSY?	120k IE	YES, WERE FIND	NAICE LIEED
7	DATE OF OPERATION	196 CONDI	HON FOR WHICH	OPERATION	WAS PERFORMED		IN CE	RTIFYING CAUSE	S OF DEATH?
-	210. ACCIDENT WAS UNDERLYI	NG 7 216. TIME O	E IN II IDV		21c. HOW INJURY OCCURR	YES NO		YES	но 🗌
	OR CONTRIBUTING CAUSE	110110 4	M. MONTH DA	YEAR	THE HOW INJURY OCCUR	CED CENTER NATURE OF	INJURY IN HEM	18 PART I OM PART 2	
	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX			19	211 LOCATION	1 =			
	21d INJURY OCCURRED	21e PLACE	EET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY C	RIOWN	COUNTY	STATE
1	AT WORK			0 . 6	31				
ı	220 I certify that (1) (this saw the deceased of	BAAC ALL	deceased from	Fh Jun	d that in (my) (our) opinion of	, to	a data and		that (I) (we) last
1	obove, (I) (we) (did) (did not) view the body	ofter death.	, 0	EGREE	acom occorred on m	e date and		E SIGNED
1	176. SIGNATURE	P > -	,	11	ATTENDING		STAFF	III DAI	ESIGNED
4	22d PHYSICIAN'S NAME	· on	mo	10	22e ADDRESS	DIRECTOR PH	YSICIAN [
1						klin Squ	are	Medica:	Arts
+		ajano, MI			9000	FrankIi	n Sq	uare Di	cive
12	(SPECIFY)	and the second			METERY OR CREMATORY	23d LOCATION		COUNTY	STATE
-	Burial	4/2/	86 G	arder	ns of Faith	Balt	imor	e, Md.	ATURE
1	14 FUNERAL DIRECTOR		3331	Brehr	ns Lane 250. DAY	FRECID. BY REGISTION	RAR 756. REC	SISTRAR'S SIGN	ATURE 20
L	SCHIMUNEK	FUNERAL	HOME, Ba	Ito.	Md. 21213	0 2 100	1	In- 1103084	- National

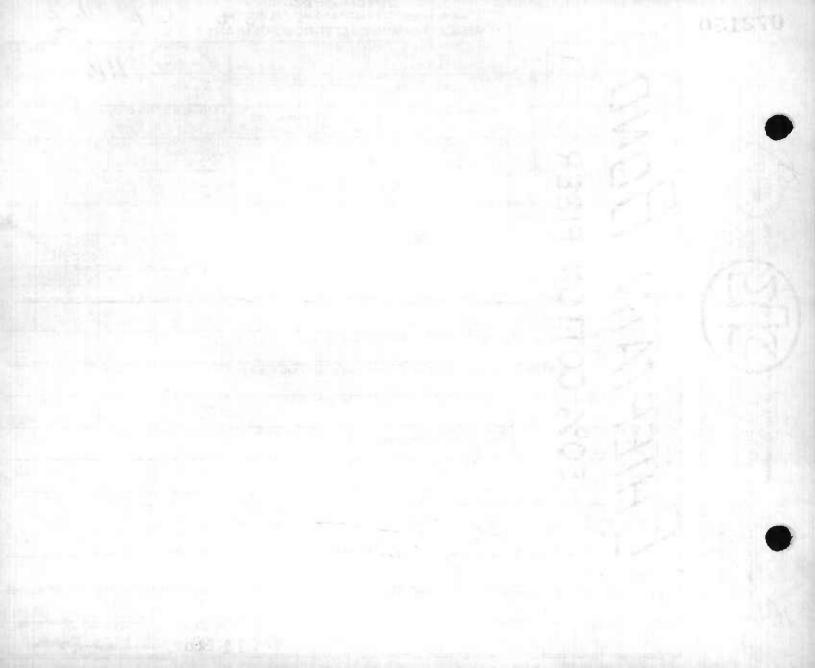
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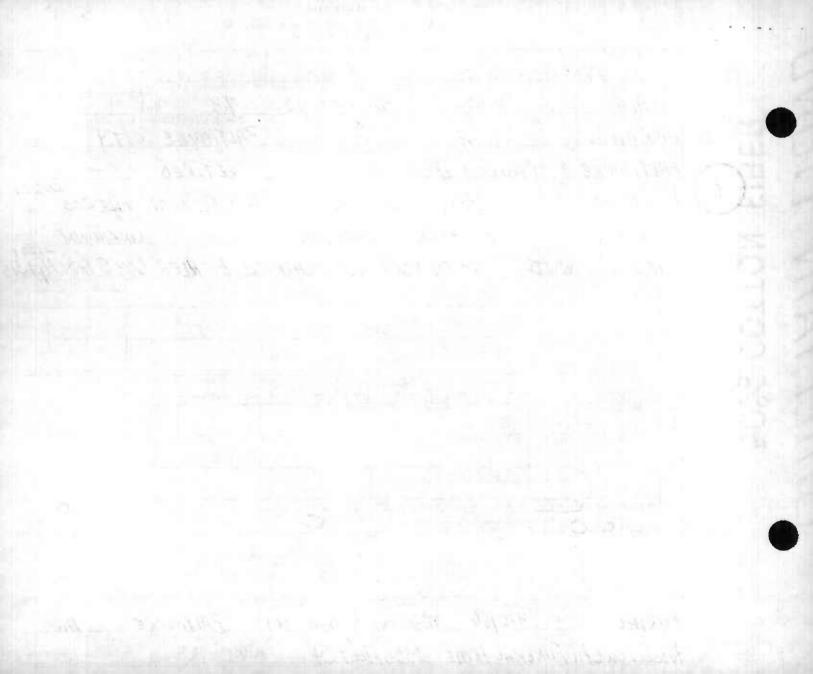
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o e pe	(TYPE	OR PRINT)	Bacon		EBBS		MARCH	21, 1986		5:43 M
noy be poge r deat	3 SEX	PULLADEIU	4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS)		IF UNDER I YEAR	IF UNDER 24 HRS
ttor.		FELENE	Ph on	6	MONTH	10 27	58	YRS.	MONTHS DATS	HOURS MIN.
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4 25 874	1	ATONSVILLE MD.	11	SA	MARRIE	NEVER MARRIED DIVORCED				MD
within with		TY OR TOWN OF DEATH		IOSPITAL, NURSING	HOME	R OTHER INSTITUTION	12a USUAL OCC		126 KIND O	F BUSINESS OR
11 E E		ALTIMORE		OHNS HOP	KINS	HOSPITAL	NURSING	ASSIST.		
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	14- 14	VAS DECEASED EVER IN U.S. AF	MED EODOES2	166 SOCIAL SECUE	NITY NO	BLANCHE 17 INFORMANT		ADDRESS	MOROD	KS
D			VE WAR OR DATES)	100 SOCIAL SECOR	MIT NO.	2				DI nin
The second		NO L				COENALDINE	IVERSON	3212 ChE		MATE INTERVAL
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for 101, 1b1, and	1011	Marine			BETWEEN O	MATE INTERVAL ONSET AND DEATH
guires that the signed by the hen please to burial, and injury, or other	NO	couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQUE		NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIV	/EN IN PART 110	o '
has been permit. The permit of the prior of	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTIF	S, WERE FINDIN	
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G PHYS ottendir rer this s the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE, FA	RM. ETC)	211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
TTENDIN pital ar TOR Afi for use a of Health		22a. I certify that (I) (this hasp sow the deceased glive or above, (I) (Ve) (did) (did no	P 7			d that in (my) (our) opinion				that (I) (we) lost couses stated
AL OR ATTI the hospit AL DIRECTG detoched fo ote Dept. of		226. SIGNATURE	or view me body		ND	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF	22c. DATE	SIGNED
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	취은필요류	3. SEX	4. RA		DATE OF BIRTH	6. AGETT		IDER 1 YR. IF UNDER		DATE	MONTH	DAY YEAR	2d HOUR
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	A SA	100	22a. I certify that	I took charge of	f the remains desc	ribed above, held o	Autap	sy	nXX.	Inquiry .	and in my apin	an	
	ME PES		death resulted 1/6	m: Natural c	auses XX.	Accident	Suicide	Homicide .	Undeterm	ined manner],		
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	¥ D B R R R		(TYPE OR PRINT)	Denni	S F. Smy	th, M.D.		ADDRESS 111 I	enn S	t., Balt	o., Md.	2120	1.
600	TO MEDICAL EXA EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI BALTIMORE, MAR	23a.Bi	JRIAL, CREMATION,	REMOVAL 236	DATE	23c. NAME OF	EMETERY O	R CREMATORY	23d LOCA	TION			
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07 /84 25 M	BP	24 FI	JNERAL DIRECTOR	TATHEV	C Fun	onal Ham	9 6011		REC'D. BY RE		GISTRAR'S SIG		y Tana
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH MONTH 1986 (TYPE OF PRINT) 12:30 RM NICHOLAS EICHLER 4. RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [176 KIND OF BUSINESS OR 21231 136 COUNTY IS MOTHER'S MAIDEN NAME MIDDLE ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for ia , (b), and ic PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF LEFT CEREBELLAR INFARCT Conditions, if any, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause RENAL FAILURE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION SECONDARY TO SIGMOID COLON POLYPS 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? MARCH XX.1986 RECTAL BLEEDING NOT 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE FARM ETC) CITY OF TOWN 220 I certify that (1) this haspital attended the deceased from MARCH 10 86 MARCH sow the deceased glive on MARCH 29 abave, () we) (did) (did not) view the body ofter death 19.86 and that in (my (our opinian death accurred an the date and have and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MD MAR 29,1986 PHYSICIAN DIRECTOR PHYSICIAN A 77e ADDRESS ld b YESHVENT CHURCH HOSPITAL CORPORATION SHETTY BALTIMORE MARYLAND CREMATION, REMOVAL 23h. DATE DHMH - 16 60M 7/84 (VRA 15, 4)



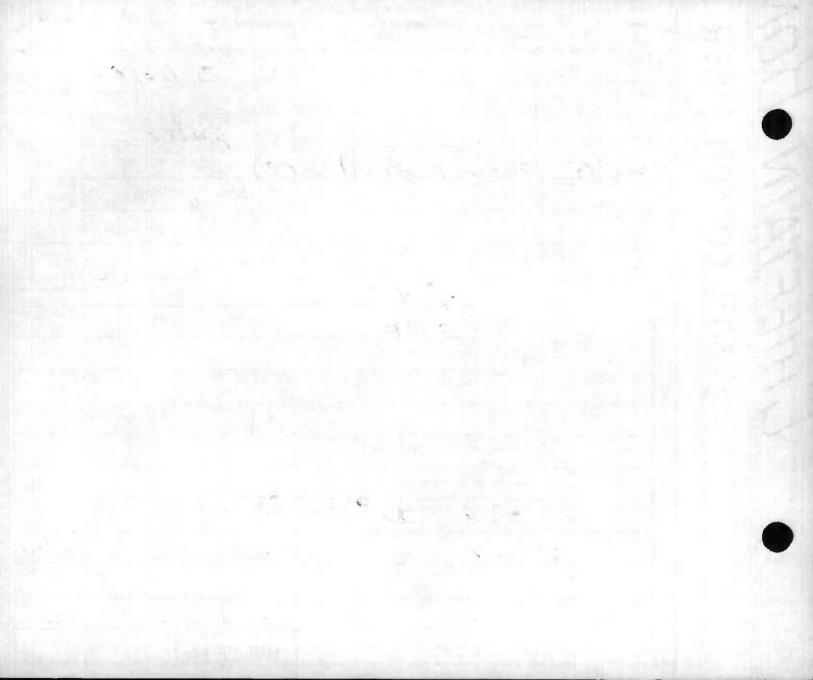
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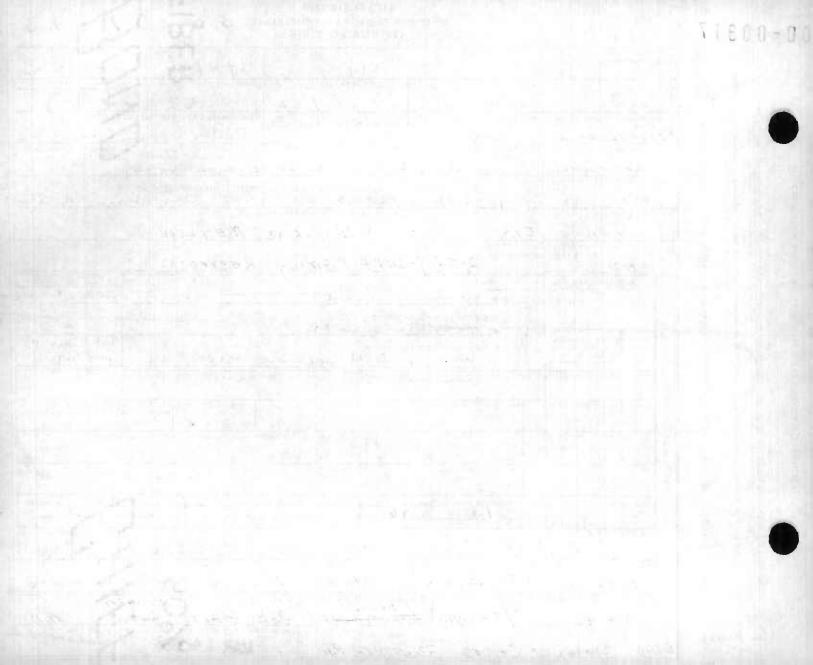
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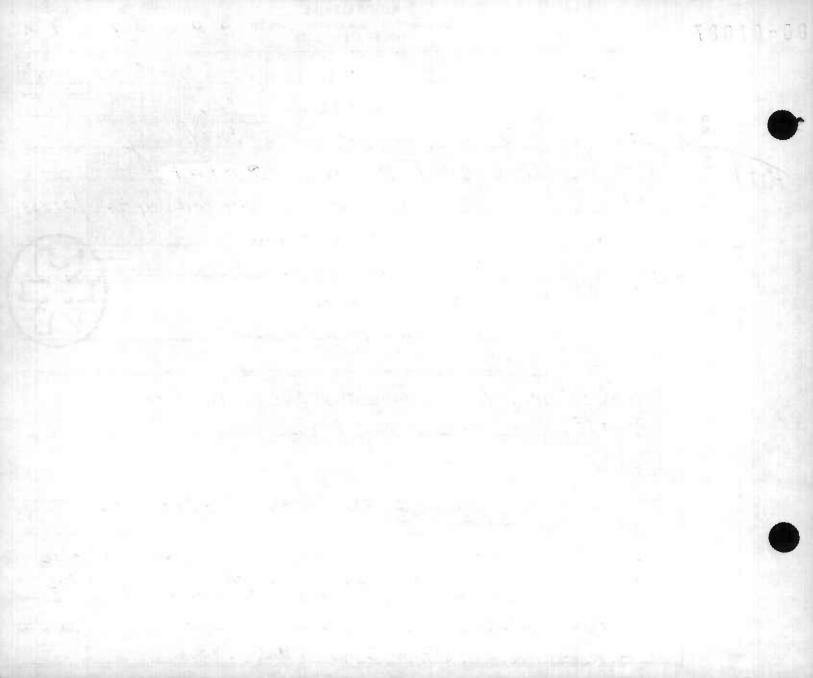
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o 212-30-36m : CPPA: Etmogra, 73: Cloudyfold Dr. 2010.

urtel Fr.1,1986 Schesus Christian D. Joneswood, Va.

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230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE BP 3/13/86 Remova 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 ADDRESS Anatomy Board (VRA 15, 4) Balto., Md

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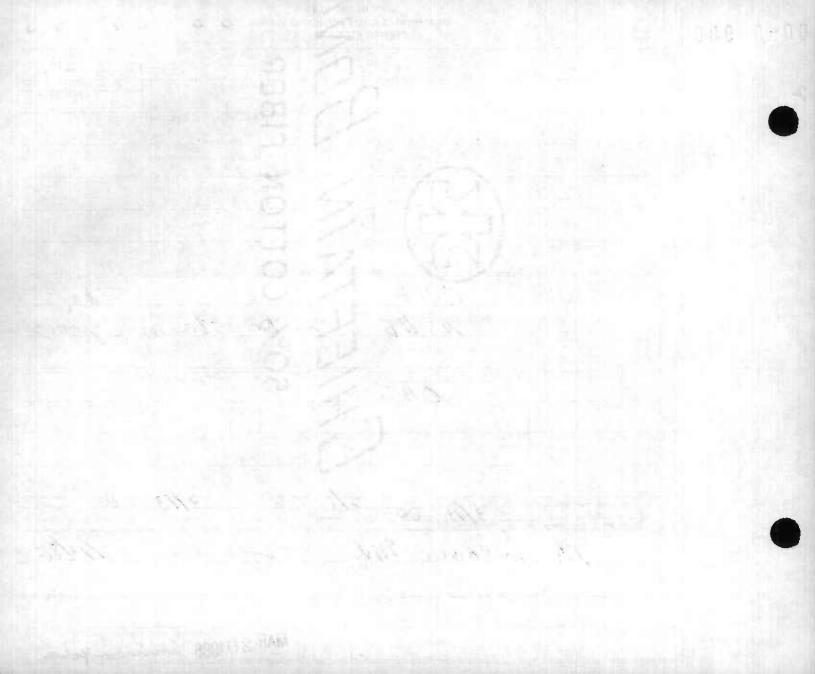
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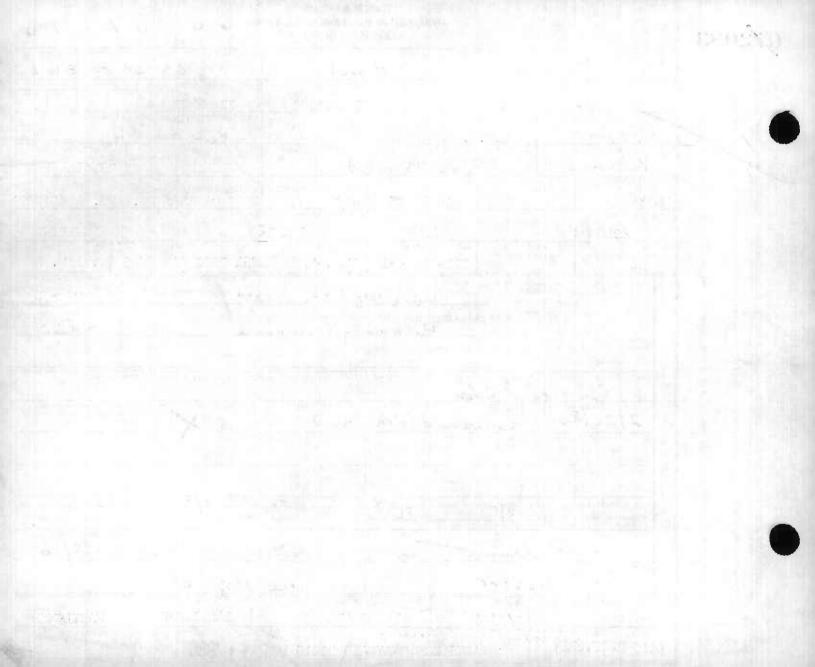
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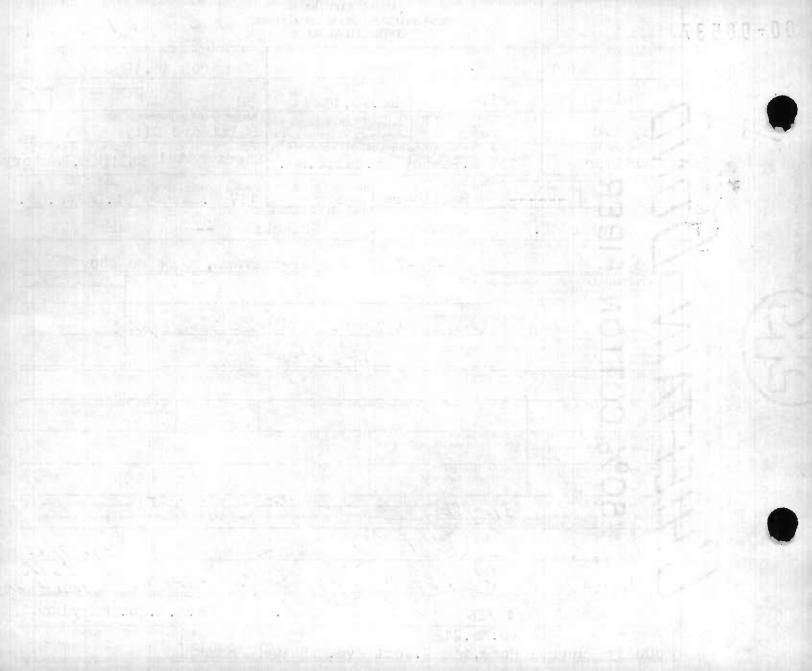
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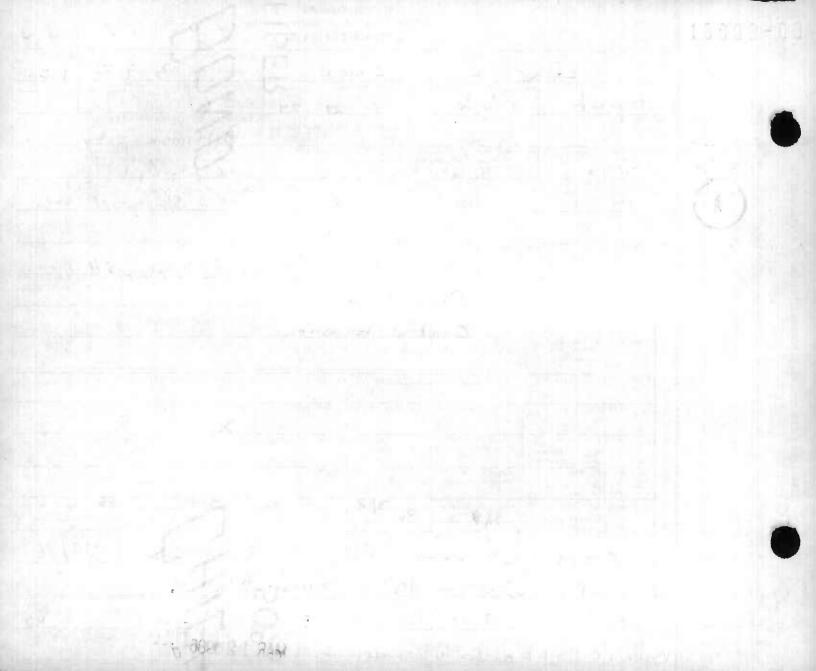
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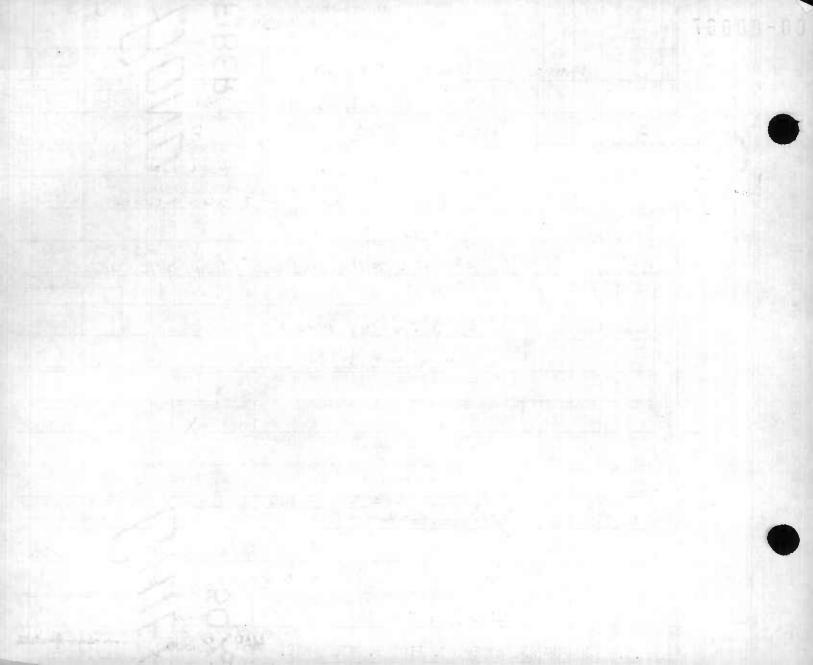
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	0 g 0 % 3 X	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 2:	L. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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	(VRA 15, 4)			RAL HOME INC.	1101 E. NORTH AVE.	MAR 1 2 1986	- wastern-lightening



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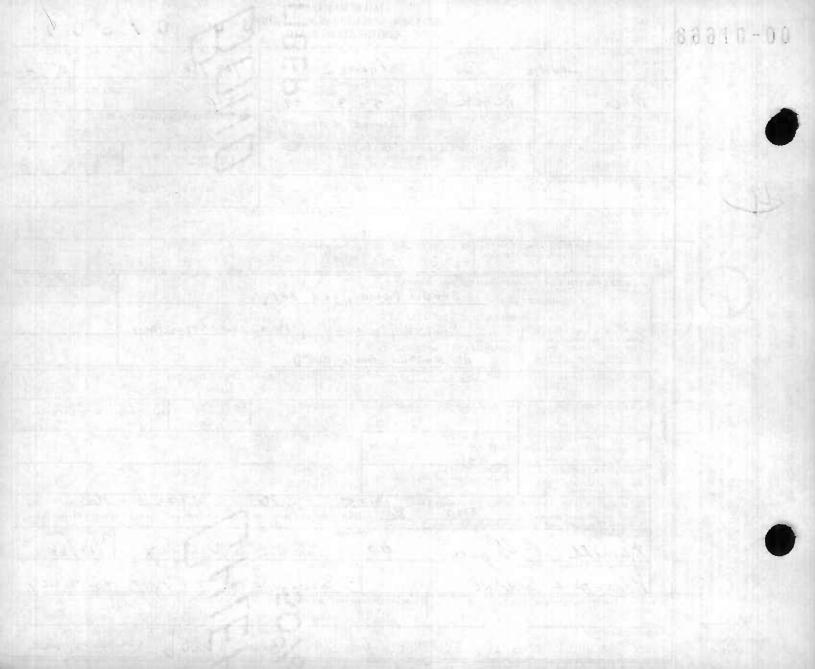
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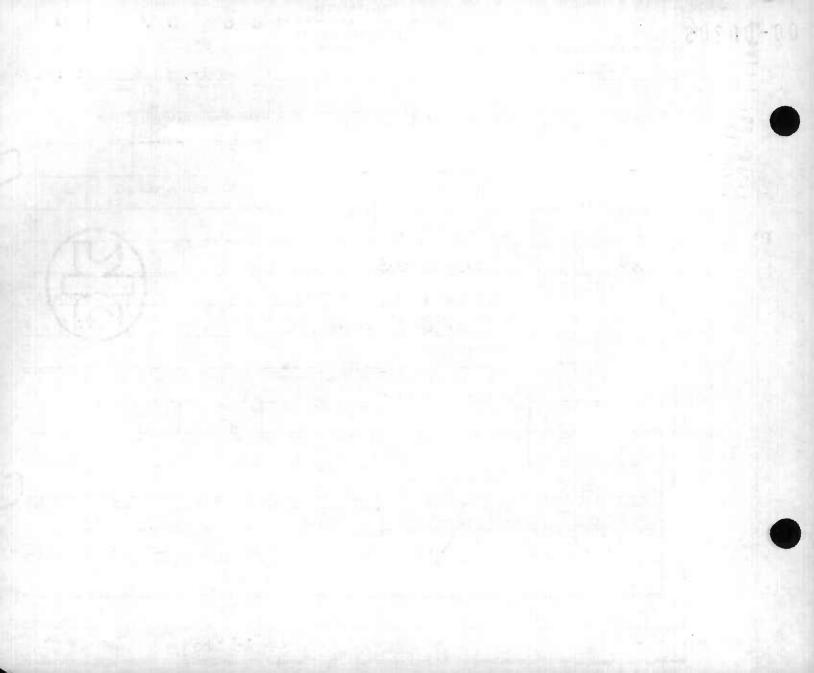
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)

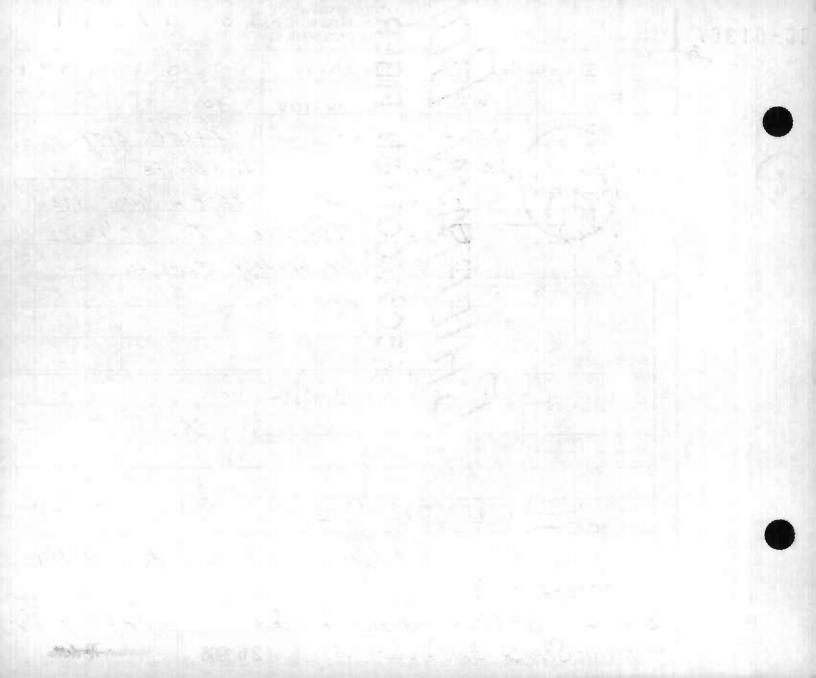
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	F 0 F	s > <u>~</u>		SURIAL, CREMATIC	N, REMOVAL	236. DATE	0.0		EMETERY OR CREM		23d LOCATION		COUNTY	M _ STATE
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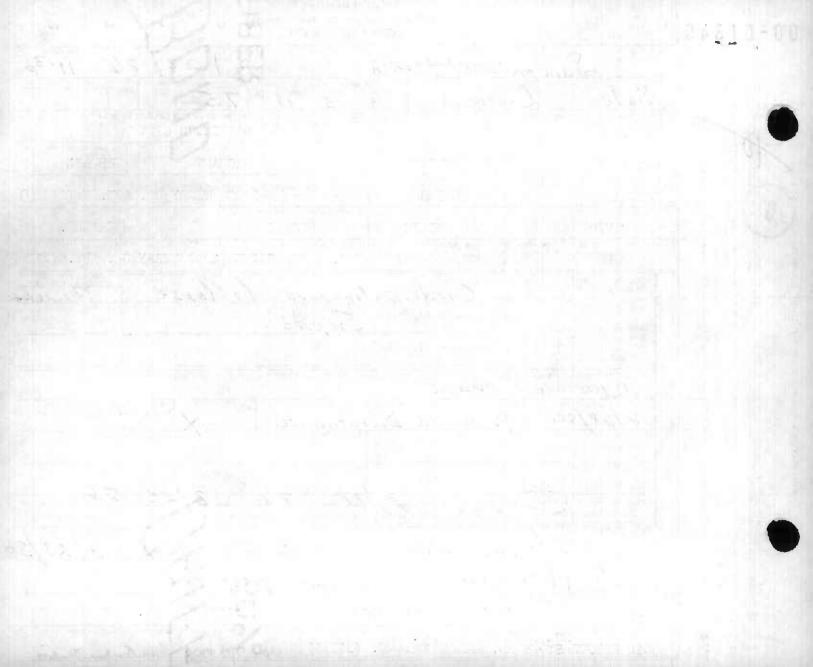




(VRA 15, 4)



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	ω <u>ε</u>		CEASED NAME	14.31	MIOOLE	1.	AST	20. DATE C	DE DEATH M	- / -	YEAR	26. HOUR
	0 0 0	3. SE		IN SON EDW	ARD 7	15 DATE C	E BIRTH		YEARS LAST BIRTH		IF UNDER I YEAR	# UNDER 24 HRS
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	1 100	1	IRTHPLACE (STATE OR FORE		WHAT COUNTRY	? 8. MARRIE	NEVER MARRIED		ORE CITY OR		OF DEATH	
	1 2		MARYLAND ITY OR TOWN OF DEATH	USA		WIDOWE	D DIVORCED	IZa LISUA	IMORE OCCUPATIO	N	12h KIND C	MD. OF BUSINESS OR
5/	1 13 47		BALTIMORE		HOSPITA	ET ADDRESS)		MERCH	IANT	WORKING LIFE	RETA	IL
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0	Dis		ATHER'S NAME MEYER	MIDDLE	FEIK	IN	IS MOTHER'S MAIDEN		WIDDIE	113	KEI'Î	Es.
IMORE,	Pages 1	16a	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? # YES, GIVE WAR OR DATES}	166 SOCIAL SEC 215-01-		MRS. EDITH	FEIKIN	ADDRES 2903 T		DR. AF	T.C(21209
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ō	TENDING OR After OR A		220.1 certify that (I) (the saw the deceased	olive on 3/a	23 19	866	d that in (my) (our) opin	on death occur	3/a	e and hour	and from the	that (I) (we) last
	OR ATT OR ATT DIRECTC ached fo Dept of If hem 21		obove, (I) (we) (did 22b. SIGNATURE	(did not) view the body	after death		DEGREE ATTENDING	G _ MEDICA	L _ STAFF	1	27s. DATE	SHENED / 94
	o HOSPITAL etained by 11 TO FUNERAL should be det with the State MPORTANT:		224 PHYSICIAN'S NAM	eters	771		PHYSICIAN 220 ADDRESS INAI	Hasp	r PHYSICI	AN LOX	13/	125/00
	BP		BURIAL, CREMATION, RES	MOVAL 236. DATE 3/25/		NAME OF C	EMETERY OR CREMATOR		TIMORE	MD.	COUNTY	STATE
DH	MH - 16 50M 4/83		LINEDAL DIRECTOR	SOL LEVINSO				DATE REC'D. BY			RAR'S SIGNA	TURE
DI	(VRA 15, 4)		6010 REISTER	RSTOWN RD.	BALTIMOR	Ė, MD.	(21215)	MAR OF	1000	Sulia	Minist.	70



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MPORTANT: If Hem 21 is marked ar Hem 18 shows

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

FOR STATE REGISTRAR			IT OF HEALTH AND N ERTIFICATE OF D		ENE O	0 /	5 1	J
DECEASED NAME FIRST	GRACE IN RACE	FER	SUSON DATE OF BIRTH		20 DATE OF DEATH	3 2	VEAR 1 86 FUNDER I YEAR	26 HOUR 7.47 P M IF UNDER 24 HRS
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	HITE HAT COUNTRY? 8	OCT 7,1910 WARRIED NEVER M	YEAR	9 BALTIMORE CITY	YRS MC	DNTHS DATS	HOURS N. MIN
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Ma SUATE	NTY RINSTITUTION C	IVE RESIDENCE BEFORE ADA	13d INSIDE CI		130 STREET ADDRESS 10163 Guil	JORGODE GORDER	1 2079	4
Bud FIRST	MIDDLE Shar	N		MAIDEN NAM IRST	Hatfie	ld	LAS	a.
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	498 01 61			ian 9230 K	ESS	irelro!	nd . Ssing
Conditions, if ony, which gave rise to immediate cause last, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	DUE TO, OR (c) CONDITIONS CO		E OF MYDCA	liac I dal TO THE TERMIN	arithment are or con 200 autopsy?		N IN PART 110	NGS USED
210 ACCIDENT WAS UNDERLYING	21b. TIME OF		21c HOW INJ	URY OCCURRE	YES NO NO DED (ENTER NATURE OF INJU	YES		NO [
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) Idid) (did no 22b. SIGNATURE	21e PLACE O (AT HOME, STREI	FINJURY ET, FACTORY OFFICE FARM deceased from	211 LOCATIO STREET and that in (my) (19_ 86 aur) apinian di	to 3/	, 19		
22d PHYSICIAN'S NAME ANTHON Y 23a BURIAL, CREMATION, REMOVAL	23b. DATE		220 ADDRESS PROV	LDEN REMATORY	T HOST	PI TA	COUNTY	STATE
Burial 24 FUNERAL DIRECTOR Donaedson Funeral	March l Home, L		<u>Meadowridge</u>	Mem Po	REC'D. BY REGISTRA	RISE REGISTRA	yland AR'S SIGNATI	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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, 0		1.0	CEASED NAME FIRST	ANDDIE	IAST	REG. NO. 20. DATE OF DEATH MONTH DATE	Y YEAR 126 HOUR
	page 3		Rober	t L	Ferguson	032	28 1100K
	mo bo	3 SI	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
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	Po in the second	1	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
-	to all a	JV	Α.	U.S.A.	WIDOWED DIVORCED	BALTIMORE, CI	TY MD.
	is In	214	ITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
5		XE	ALTIMORE		HOSPITAL	BETH-STEEL	INDUSTRI
2120	hou	13a	IAL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13e.STREET ADDRESS / ZIP CODE	
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BALTIMORE, MARYLAND	d ce		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
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W. PRESTON	the o		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF		
*	by by ose		underlying cause last.	(6)	SEG SERVER OF		
05, 201	signed hen ple a burio lury, at	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN	IN PART No
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	Spirto CTO I for		saw there ecosed alive or obove (I)/(we (idid)/did no	3/23/86 ot) view the body ofter death.	19 and that in (my)(our) pinio	n death occurred on the date and hour o	nd from the couses stated
	OR ha		226 SIGNATURE	1 0.	DEGREE		221. DATE SIGNED
	Te est F	,	Luna -	1. Simp	CLLUD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/23/86
	O HOSPITAL etained by th TO FUNERAL should be den with the State		22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS		~ D O.C.
	retained TO FUNE should be with the		SIMP	LEIC	MERCY	HOSPITAL /301	ST. Paul Sty
	5 € 5 € ¥ ₹ ₹ 4	230.	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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	(VRA 15, 4)		WM.C.MARCH F	/H INC., 110	E.NORTH AVE.	MAR 26 1986 Julia Da	udson-Nanovoc

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àu ou	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED
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20	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			COUNTY	
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21 is	1	sow the deceased alive on above, (I) (well (did)) did no	3 27	_19_56 or	d that in (my) (our) opinion	death accurred on the	date and ha	our and from the	couses stated
E		22b. SIGNATURE	TI View the body offer death		DEGREE			22c DATE	
=		Stisn	an in		ATTENDING PHYSICIAN F	MEDICAL ST	AFF	3/2	2186
Z		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	J DIRECTOR [] TITL	ICINI4 []		
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₹		BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			1.011
		(SPECIFY) Burial	3-26-86	Garriso.	n Forest Ceme	tery Owing	s Mill	s, Ma	ryland
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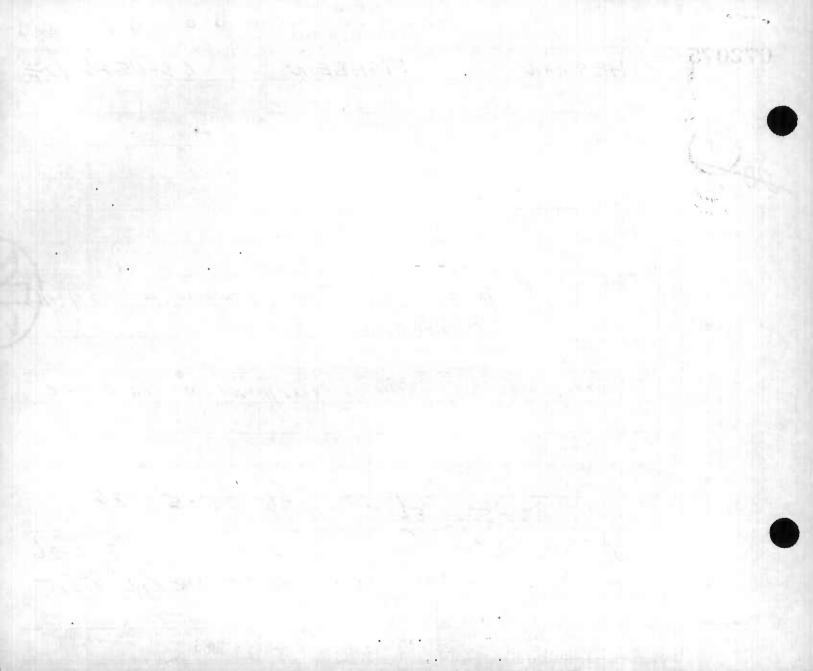
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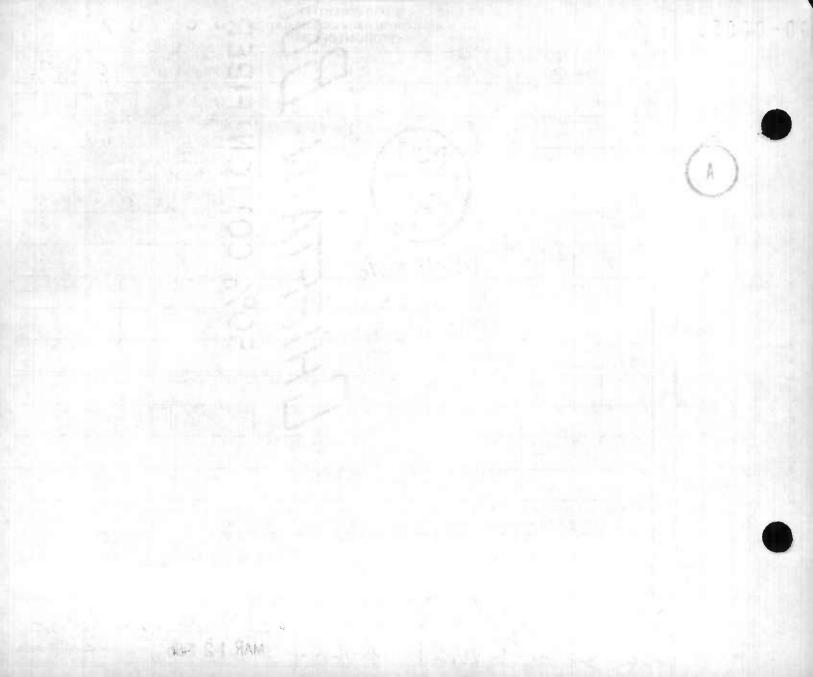
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3. \$	hale		white		DATE OF BIRTH MONTH DAY 2 37	F6	6. AGE (IN YEARS LAST BIL	YRS	H UNDER I YEAR	HOU HOU
30 70.	BIRTHPLACE ISTATE COUNTRY)	,	USA	M	ARRIED NEVER	MARRIED NORCED	PALTO			
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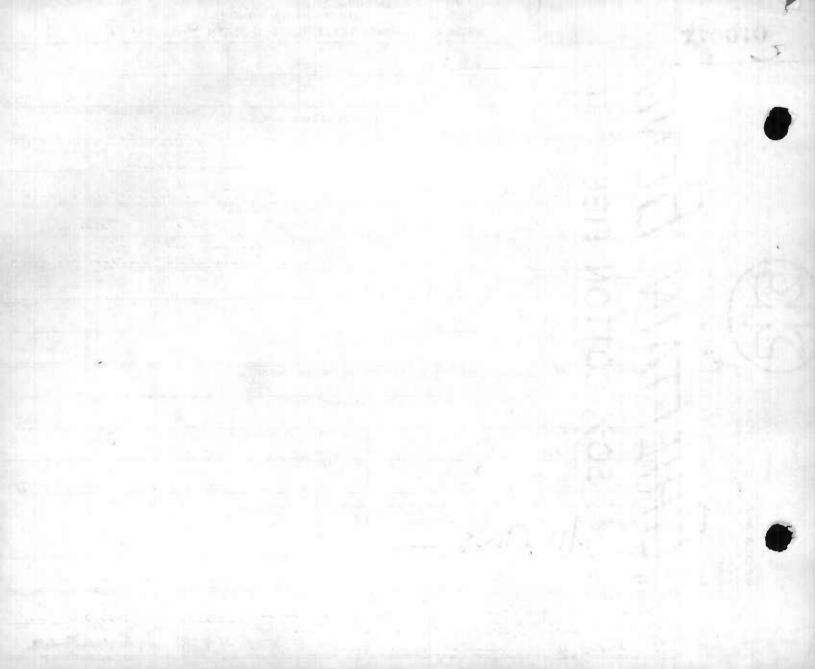
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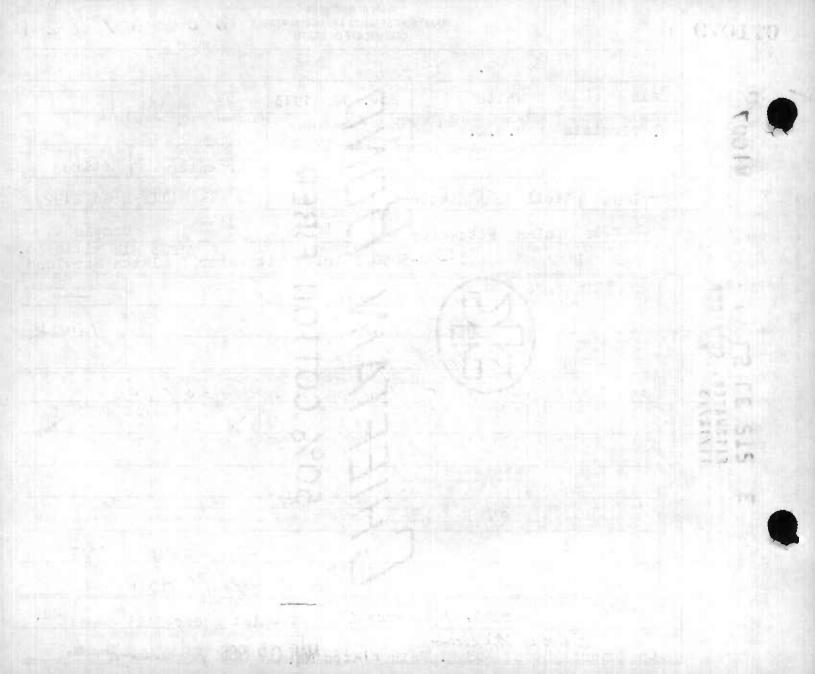




DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN X MONTH TYPE OR PRINT ESTI-Douglas UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED FISHER WILLIAM 19 86 4. RACE 6. AGE (IN YEARS 3 SEX 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE White AST BIRTHDAY Male PRONOUNCED DEAD 1986 Noon TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED 200 NEVER MARRIED FOREIGN COUNTRY) United States Baltimore City Maruland WIDOWED DIVORCED LP CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore University Hospital Diesel Mechanic SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | 13d INSIDE CITY LIMITS: | 13e STREET ADDRESS | 3305 B. Michele Court 13a. STATE Baltimore Carroll Maryland A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Barbara Fisher Doyle Clyde Lee 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Mrs. Mary Annorvisher ?= 1985 3305 B. Michele Court Carroll, MD. 21229 yes 201-52-8952 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Closed head injury IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. USED AS A B CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI THE PUREAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALFIMORE, MARY AND, 21201 PRIOR TO BURI YES X NO . 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 7:30.M. 3--3-19 86 Driver of auto/autos collision. 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE WHILE AT WORK 900 blk. W. Patapsco Ave. Balto. City, road MD Autopsy X 22e. I certify that I took charge of the remains described above, held an Accident X death resulted from Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Burial STATE 3-7-86 Garrison Forest Vet. Cem Garrison 07/84 25M 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, India Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 8728 Liberty Road Randallstown, MD. 21133 (VR A15 ME (5))



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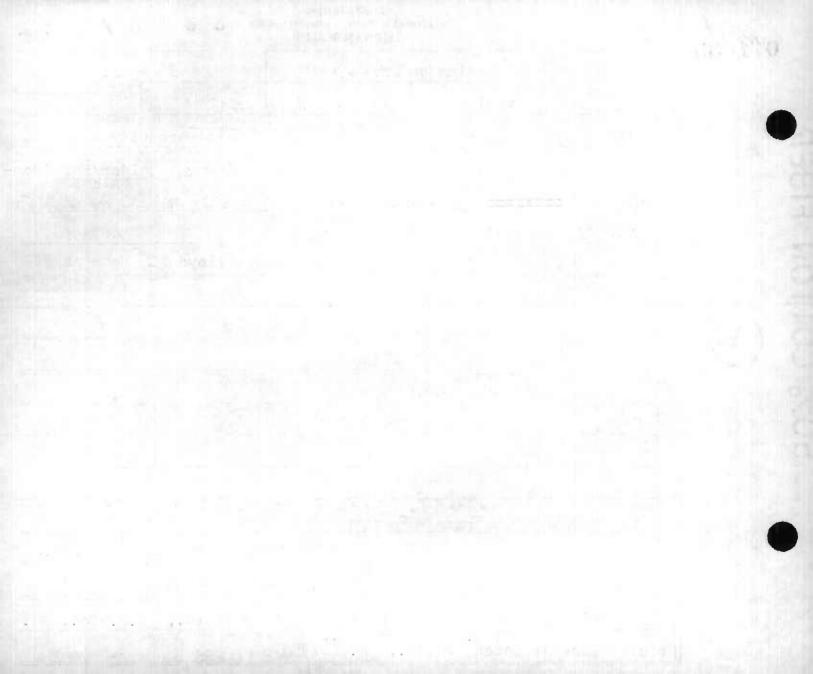
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



(VRA 15, 4)

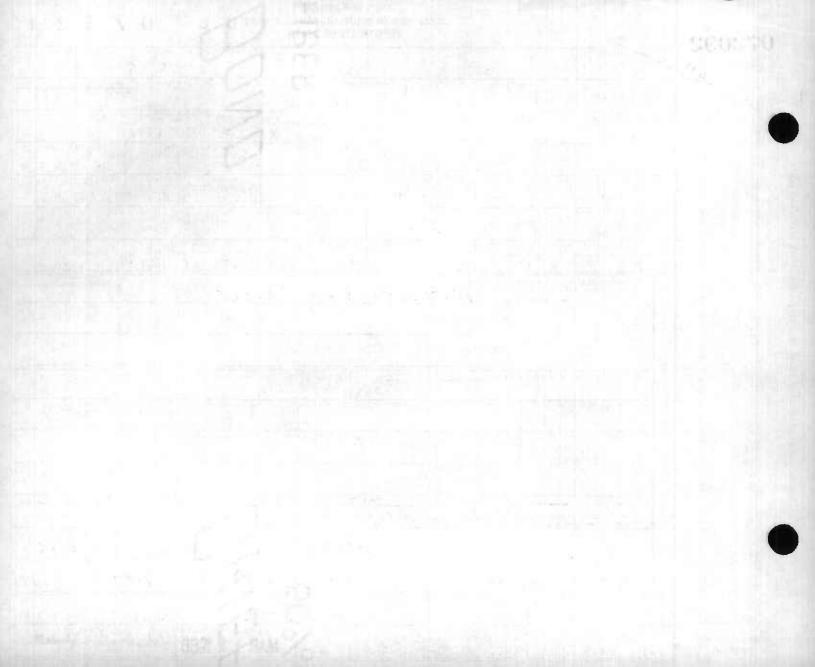
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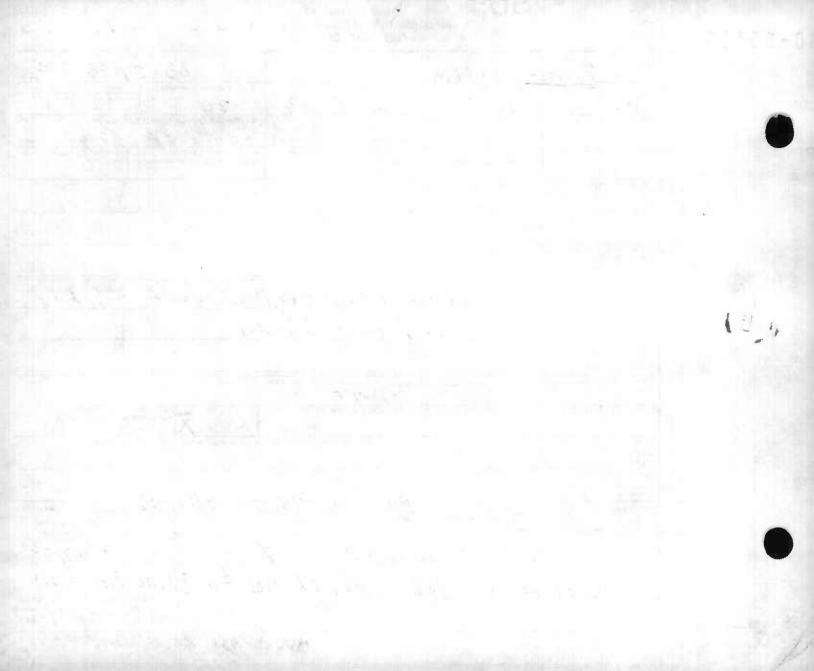
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CTO d for n 21			ot) view the body ofter death.	, on	nd that in (my) (our) opin	nion death occurred on the	date and hour and	I from the co	ouses stoted
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MARYLA nted with mpletely nd 2 shou	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST		MOTHER'S MAIDEN NA		LAST
be executed and correct the mand correct		WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN]	RMED FORCES? /E WAR OR DATES]	220/09/9		7 INFORMANT	ADDRESS	
res that the death certified by the attended passes removing, cremal interpretation, or other traumatic.		PARTI. DEATH WAS CAUS IMMEDIA Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	DR AS A CONSEQUE	feer	res Dise	arrest adeals	1 day
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PHYSICIA g physicia g physicia urial-transi Mental Hy		218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.		Y YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	A 18, PART I OR PART 2}
DING PHYSICIAN: Trending physician. After this certificate is the burial-transit pe tith and Mental Hygie marked or I tem 18 s	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	II LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital or a DIRECTOR: hed for use at hed for use at Dept. of Healt If Item 21 is		229.1 certify that (1) (this hasp saw the deceased alive a abave, (1) (we) (did) (did no	2114	14 29 195			death accurred on the date and	that (I)—we) last have and from the causes stated
		22b SIGNATURE	Man	uel be	12/2		MEDICAL STAFF DIRECTOR PHYSICIAN	1221. DATE SIGNED SL
TO HOSPITAL retained by the TO FUNERAL should be detac with the State [IMPORTANT:		MANUEL	LEVIA	S MD)	610/PK	LETS AUF BAL	TO MD 7/7/1
BP	230	BURIAL, CREMATION, REMOVAI SPECIFY)	23b. DATE	23¢ N	IAME OF CEA	AETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 25M (VRA 15 4) 1/79	24 F	UNERAL DIRECTOR		ADDRESS		APR'	E REC'D. EX PEGISTRAR NO. RE	SISTRAR'S SIGNATURE



STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3/11/1986 Holy Cross Cemetery Burial 24 FUNERAL DIRECTOR McCully Funeral Home, 130 E. Fort Ave. Balto. Md. DHMH - 16 60M 7/84 (VRA 15. 4)

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2b. HOUR

126 KIND OF BUSINESS OR

Hecht & May Co.

Md. 21122

NO [

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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INDUSTRY

21230

Murphy

YES [

COUNTY

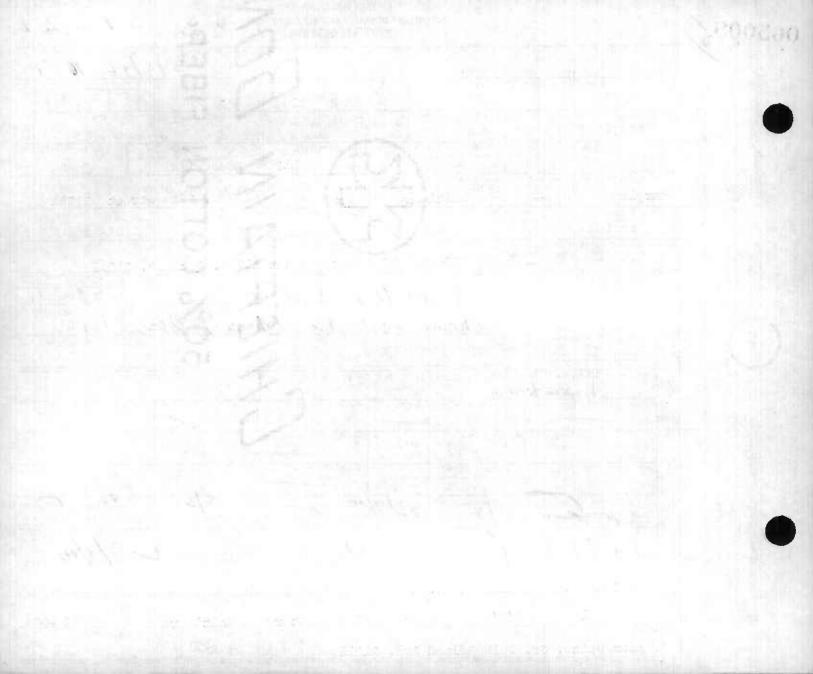
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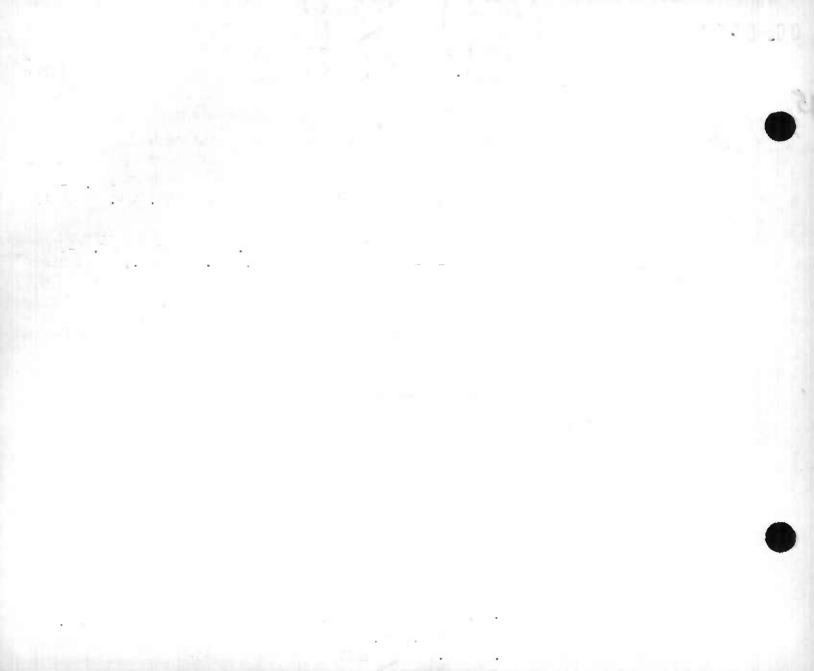
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ND 212	13a STA	RESIDENCE (# NURSI TE yland	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BE 136. CITY OR TO Baltir	FORE ADMISSION	13d INSIDE CITY YES 😿 NO		30 STREET ADD	RESS / ZIP COI	DE treet	21211
MARYLA ed within impletely ond 2 sh		er's NAME Patrick		MIDDLE	Lyons	5	15. MOTHER'S M. FIRS Eliza			DDLE	O'Ke	efe
IMORE, nond c	(YES	DECEASED EVER NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	220-14	1-0036	Henry Fo	oster .		address 29th St.	21211	
PRESTON ST., BAL		CAUSE OF DEATH W Conditions, if ony, love rise to imm ouse (0), stotin	which	DUE TO, O	RAS A CONSER	OUENCE OF	ry Fu fructive	Pul	emonary	Disen	SC 10	DAMASE INTERVAL J MONSET AND DEATH J MONSET AND DEATH
The low requires many cron. The low requires many cron. Is permit Then plane signer prior to buriol, or shows any injury, or other planes.	FICATION 161	ART 2 OTHER SIGN	NIFICANT C	ONDITIONS COMPAND	ONTRIBUTING	TO DEATH BUT	N WAS PERFORM	ED	200 AUTOPSY	20b. IF Y	ES, WERE FIND TIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
DIVISION OF VITA	MEDICAL C	R CONTRIBUTING CIFEITHER NOTIFY MEDICAL INJURY OCCURR	AUSE OF DEAL	TH HOUR A. P. 21e PLACE	M. MONTH M.	19	211 LOCATION STREET	RY OCCURRE		OF INJURY IN ITEM 18	8 PART 1 OR PART 2	STATE
DIV hospitol or o RECTOR. After red for use os pt. of Health em 21 is mort	22	sow the deceopabave (1) (we'r)	This hospit	131	3	86.8	136 nd that in (my) (ou	pinion de	to 3	13 the date and h		that (we)last the causes stated
o = Och		1. PHYSICIAN'S NA	7. 1	2-6)	r	W) ATTE	NDING	MEDICAL DIRECTOR []	STAFF PHYSICIAN (- 3/3	3/86
TO HOSPITAL retoined by th TO FUNERAL should be dete with the Siste		ROBERT	F. DI	EVEREA			UNION			HOSPIT	A.L.	
BP	23a BUR (SPE	Burial	REMOVAL	3/6/8			emetery or creating Cem		23d LOCATIO		COUNTY	Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	1000	RALDIRECTOR Alan Sei	tz, J		ADDRE			250 DATE	REC'D. BY REGIS	STRAR 256 REGI		Annual Control of the



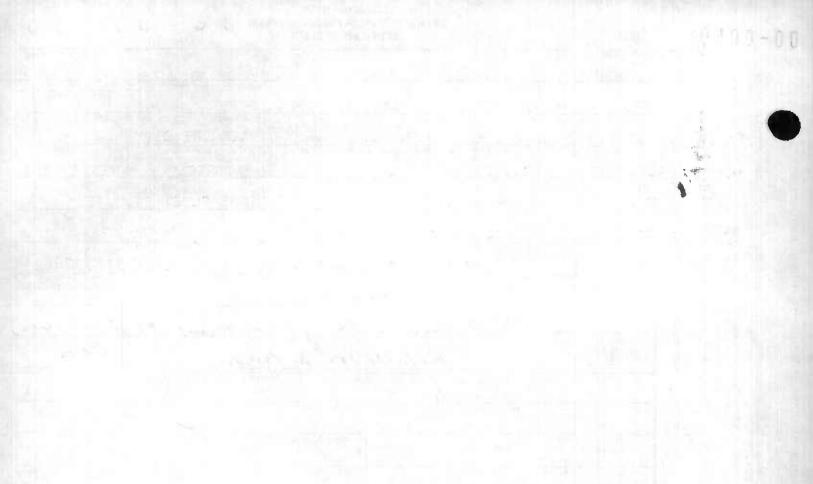
onnels	Part #2	3/21/86 n	D	EPARTMENT OF	HEALTH	ARYLAND AND MENTAL H	1.0	5 (7	5 2	8
2	REGISTRAR DECEASED NAME TITE OF PRINT)	FIRST	1.5	WIDDLE		ERTIFICATE O	2a. DATI	REG. NO E KNOWN ESTI- H MATED	MONTH	DAY YEAR	26 HOUR
PRESTON STREET	M 4.	FLETY RACE B	THER LE DATE OF BIRTH DAY 9 29	YEAR LAST BIRTHE	ARS IF UN	FOUST DER I YR. IF UNDER S DAYS HOURS		TE UNCED	3-8-86 MONTH	DAY YEAR	2d. HOUF
72 70	BIRTHPLACE (STATE FOREIGN COUNTRY) N.C.	OR 7	U.S.A	AT COUNTRY?	1	ED NEVER MARRI	IED 🔲	imore C	RCOUNTY		9 • 087
20	Baltimon	re	717 Newi	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS) ngton Aven	ue (re		GAS/ EI	UPATION (TYPE	DE WORK 121	OR INDUSTI TRANS.	DEPT.
130	STATE MARYLAND	13b. COUNTY		RESIDENCE BEFORE ADMISS 13c, CITY OR TOWN BALTIMORE		T3d. INSIDE CETY LIMITS? YES A NO	135 STREET ADD	RESSGTON	AVE.	21217	
0	FATHER'S NAME ALBERT		MIDDLE	FOÜST SF		15 MOTHER'S MAIDE HENREIT		MIDDLE		LAST	
160	YES, NO, OR UNKNOWN	VER IN U.S. ARME) {IF YES, GIVE WA		239-12-74		17. INFORMANT LENARD C	G. FOUST	58 SHEP	'ARD A'	VE. APT	Г. А
RIAL, CREMATION, OR REMOVAL.	gave rise cause (a) ste lying cause PARI 2 OTHER SIGNI		(b) DUE TO, OR A	S A CONSEQUENCE S A CONSEQUENCE	OF	OR CONDITION GIVEN IN PAI	RT 1 a .				
OI PRIOR TO BURIAL, CREA	190. DATE OF O	PERATION		lcoholism						20 AUTOPSY?	? NXXC
8	210. EXTERNAL OF UNDERLYING CONTRIBUTING	OR CAUSE OF DE	ATH P.M.	MONTH DAY YEA	R 21c HC	W INJURY OCCURRE	D LENTER NATURE OF	INJURY IN ITEM 18 PA	ART I OR PART 2		110230
ZIZOI PR	UNDERLYING CONTRIBUTING 21d INJURY OCH WHILE AT WORK	OT WHILE	21e PLACE OF STREET, FACTO	FINJURY (ATHOME, RY, FARM, ETC.)		ATION REET	CITY OR	OWN	COUNT	IA	STATE
AC, WOR I CHIEF	22a. I certify to death resulted ACTUAL SIGNATURE		T T	ibed above, held an Accident , Si	Autaps vicide ,	Hamicide, TITLE (SPECIFY)	Undetermined	manner .	DATE	3-8-86	5
AFIEK DEA H, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	EXAMINER'S NA (TYPE OR PRINT)			ita A. Kor			111 Penn		,		, period of
1	BURIAL FUNERAL DIRECTO		3-13-86		UTUS		23d LOCATION CITY OF TOWN ARBUTI REC'D. BY REGISTI	IS	COUNTY	MARY	LAND
(5))	WM.C.MARC	H FUNERA	L HOME IN	C. 1101 E	NORTH	NAME	SEC.D. BY SECON	6	- en en	N/ No-co	



STATE OF MARYLAND



n L DA	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE (3 5	0	7 5	3 0
Xo		CEASED NAME FIRST		AIDDLE	ı	AST	2a. DATE	REG. NO	MONTH DA	Y YEAR	26. HOUR
8 P P		USAN	DEAT	ON	FRA	NK	MARC	CH 13.	1986		,
8.0	3. SE.		4 RACE		5. DATE C		6 AGE	(IN YEARS LAST BIRTH	HDAY) IF	ONTHS DAYS	IF UNDER 24 HRS
0.0	FI	EMALE	CAUCAS	IAN	JAN		6	55	YRS.		
35/18 3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTI	MORE CITY OF	COUNTY	OF DEATH	
THE WAY	4	RGINIA	U.S.F	١.	WIDOWE		BAL	IMORE	CITY.	, 1	M
3,50	10. C	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION		IAL OCCUPATION			F BUSINESS OF
		LTIMORE	CHURCH	HOSPIT	_		WA:	ITRESS		REST	AURANT
9 0	13a	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION	13c. CITY OR TOW		134 INSIDE CITY LIMITS?		ET ADDRESS /			
E		MD.		BALTIMO	RE	YES NO		8 FLEE	T ST	. 2122	24
aine -		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN I	NAME	MIDDLE		LAST	
SE		CAR		anahan		FLORENCE		10000		KNER	
dico	16a \	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G NO	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRES			224
E/		NO		233/28/211	0 D	JAMES FRA	NK	1908 F	LEET	ST.	XXXXX
1, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per	line for (a), (b), and	dic	4. 0-		1		BETWEEN	MÀTÉ INTERVAL
ever			ATE CAUSE (o)	1074	2711	76 Caren	ini	<u>ت</u>			
of or			DUE TO, OF	R AS A CONSEQUE		01 1	9		.01	1840	1 1.4
raun		Conditions, if ony, which gove rise to immediate	(b)	Colu	The of	the first	× 04/1	erech	1	0,00	6 Gree US
ther 1		couse (0), stoting the underlying couse lost.	DUE TO, OF	R AS A CONSEQUE		itis to	60 1	.,		21	45
0,0		PART 2 OTHER SIGNIFICANT	(c)				DAVIDIAL DIS	TAGE OD COME	NITION I CRISS	ALINI DADY 1	
to be	Z	PART 2 OTHER SIGNIFICANT	COMDITIONS CC	DINTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TE	KWIINAL DISI	ASE OR COINE	JII IOIA GIVEI	IN IIN PAKT TIO	
any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
she man	H			_			YES	NOTO	VES YES	ING CAUSES	OF DEATH?
8 sh	E E	21a. ACCIDENT WAS UNDERLYING	110.00		WE 15	21c. HOW INJURY OCC	URRED (ENTE	R NATURE OF INJUR	Y IN ITEM 18 PAR	RI I OR PART 2)	
to The	¥	OR CONTRIBUTING CAUSE OF D	CAIN	M. MONTH DA	19						
i i	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		21F LOCATION		CITY OR TOY	VN	COUNTY	STATE
ked	2	WHILE NOT WHILE D	(AT HOME STR	EET, FACTORY OFFICE, F	ARM ETC)	STREET		CIT ON TO			3.74.6
m a		22a I certify that (I) (the har				. 19	to_		, 19	9	that (I) () las
2118		sow the deceased alive a obove, (1) (we) (did) (did)		otter death	. 01	nd that in (my) 🚥 opini	on death occ	urred on the do	te and hour	ond from the o	couses stated
te de		226. SIGNATURE	1	e de	4	DEGREE IN	140 110	THE		22c. DATE	SIGNED
#		allour	Mal	um		HYSICIAN		CAL STAF			
AN	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	0				
MPORT		ALBERT 1	VAHUI	n, M.	D.	100 N.	BR	OADO	WAY	/	
<u> </u>	23a.	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATOR		OCATION			44.65
11-1-1		(SPECIFY) URIAL	3/17/	'86 ST	. ST	ANISLAUS	BAL	TIMORE	F CIT	Y MI	D .
M 4/83		UNERAL DIRECTOR						PY REGISTRAR			
4)	DA	NAME VMOND I IZAC	ZODONCK	ADDRESS	CLEE	TCT	IN-ALL TI	1 1000	A STATE OF THE PARTY OF THE PAR	-	



1 -	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE B) NO.	0 7	3	3 1
	CEASED NAME FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOL	R
	EBY	-		TRA	NKLIA)		03	18 86	230	DOM
SEX		4 RACE	O TATA	5 DATE C			6 AGE IN YEARS LAST	BIRTHDAY)	MONTHS DAY		
	FEMALE	CAUCA	BIAN	MONTH 9	19	25	60	YRS		S HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER		9 BALTIMORE CITY	OR COUN	ITY OF DEATH	1 13	
	Kentucky	U.S		WIDOWE		VORCED	Balto.	City	7		MD.
	YORTOWN OF DEATH	I IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET, Y HOSP.		OR OTHER INS	TITUTION	17a USUAL OCCUPA (TYPE OF WORK FOR MOS Homemake	OF WORKING		OF BUSINE	SSOR
3a. S	RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION	-		13d. INSIDE C	NO [13e STREET ADDRESS			L230	
	THER'S NAME	MIDDLE	tast			S MAIDEN NAM	ME MIDDLE			457	
C	harles	Model	Rogers		Ti	na na	WIDDLE		Luca	AST AS	
	(AS DECEASED EVER IN U.S. AR ES, NO ORUNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 463-28-/			Rena E	ranklin	RESS N	CHenry Balto		
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per D BY E CAUSE (a)	line for 101, (b), and	SUDD	RDIO-RI	ESPIRAT	ORY ARREST		APPROBLE SET SET SET SET SET SET SET SET SET SE	STLAN	DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQUE	MK	Nown						
	PART 2. OTHER SIGNIFICANT	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION (GIVEN IN PART	lia	
2	HISTORY OF	STROK	e, Hera	ex A	MACK	5.					
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERFO	RMED	20a AUTOPSY?	20b IF	YES, WERE FIND	INGS USER) (H2
	NONE						YES NO		YES	NO [
AL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	un .	M. MONTH DA		21c. HOW IN	IJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM T	18 PART OR PART 2		
MEDIC	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE (19	71f LOCATIO	ON					
ME	WHILE NOT WHILE		EET FACTORY OFFICE, FA	ARM ETC)	STREET		City Ok	DAP	COUNTY	5	TATE

nat) attended the deceased from

opinion death occurred on the date and have and from the causes stated

77e ADDRESS 301

DEGREE

MEDICAL STAFF

220 DATE SIGNED

COUNTY

IMPORTANT. If them 21 is marked or them 18 230 BURIAL, CREMATION, REMOVAL

Removal 3-19-86 24 FUNERAL DIRECTOR

Anatomy Board

23b DATE

ZIAN'S NAME (TYPE OR PRINT)

ADDRESS

Balto., Md.

23¢ NAME OF CEMETERY OR CREMATORY

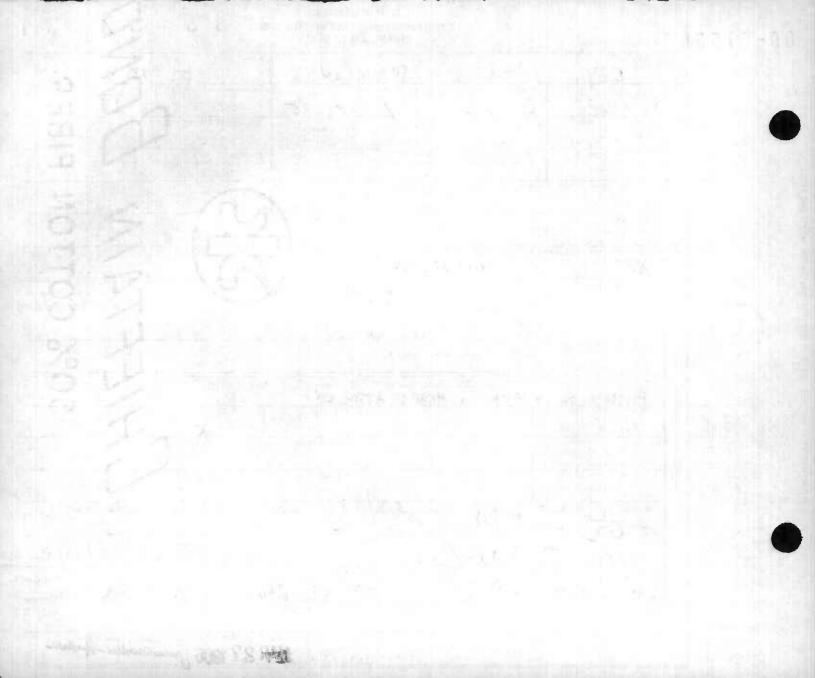
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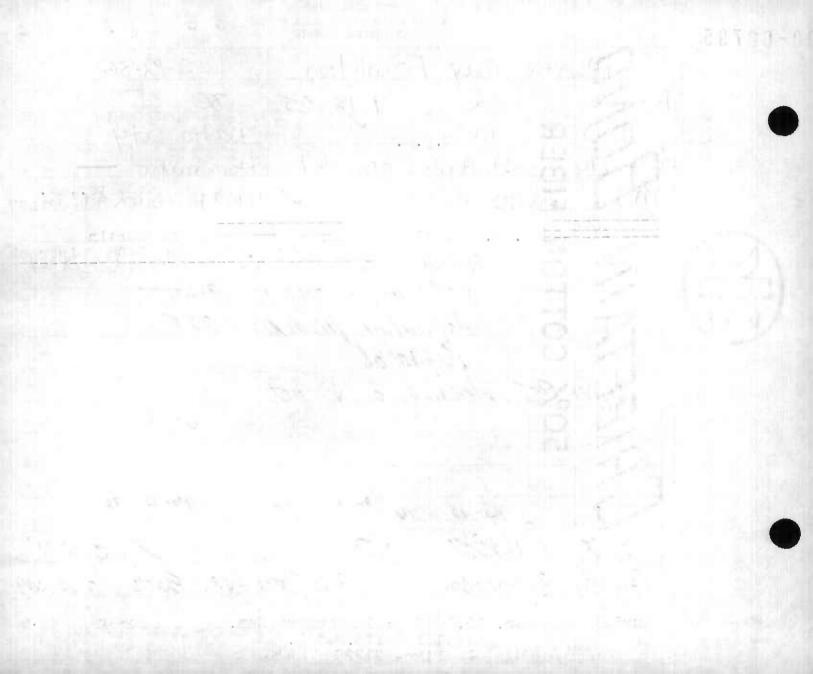
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234 LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

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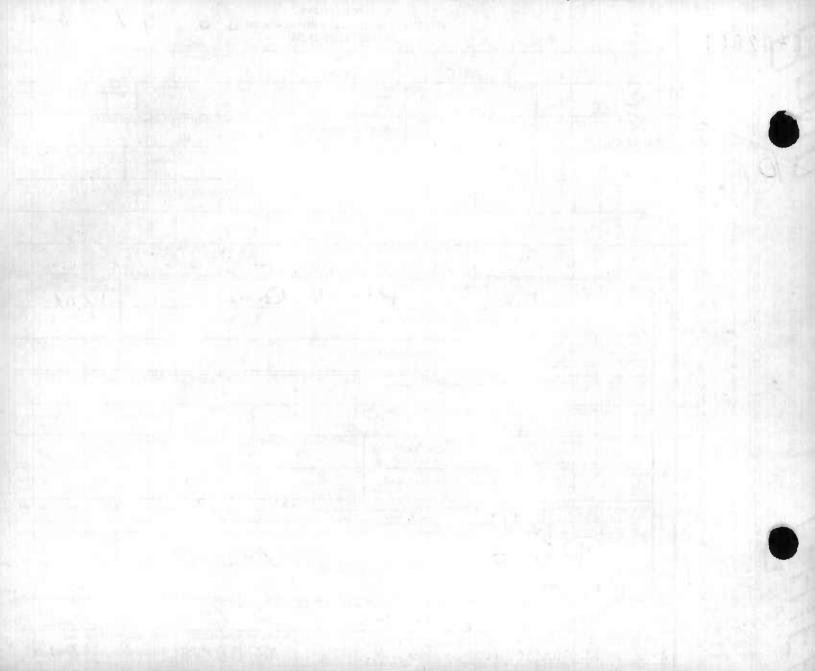
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	0 2 0			EASED NAME	FIRST		MIDDLE		LAST			20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR
	oge 3		1	A. Kilvij	ANN		MARIE		FREE					3	31	86	M
	ma)		3. SEX	W 15 15		4. RACE		5	DATE OF BIF	RTH	YEAR	6. AGE (II	N YEARS LAST BIE	(YACHTS)	MONTHS		HOURS MIN.
-	s of			FEMALE		Bl	LACK		9	22 19	910	75		YRS			
	2 93	85		THPLACE (STATE	OR FOREIGN	76 CITIZEN O	F WHAT COU	INTRY? 8.	MARRIED -	NEVERMA	RRIED -	9. BALTIN	ORE CITY O	OR COUN	TY OF DI	EATH	
				ARYLAND		U.	S. A.	. 1	VIDOWED 💢	DIVO	RCED 🗌		TIMORE				MD.
1	6			Y OR TOWN OF	DEATH	(IF NOT IN S	F HOSPITAL, N SUCH FACILITY, GIV RIGGS A	VE STREET ADD	RESS)	THER INSTITU		(TYPE OF W	COCCUPAT ORK FOR MOST OF ESTIC	OF WORKING	LIFE) INC	VT. F	- BUSINESS OR - AMILY
MARYLAND 2120	Table of the state	5	130. 5	RYLAND	13b COU	R OTHER INSTITUTIONTY	13c, CITY O	DRIOWN	134	INSIDE CITY	LIMITS?	13e STREE	T ADDRESS	/ ZIP CO MARY	2329 (LANE) RIG	GS AVENUI
YLA	ifhin tely 2 sh	ine		THER'S NAME		MIDDLE		AST	15. /	MOTHER'S M	AAIDEN NAA	ΛE	WIDDLE			LAST	
MAR	y bed			CLARENC	E	MIDULE		TTO		MAÜ	DE		Mindel		1	HUGHE	
BALTIMORE,	e execut	nedical		AS DECEASED ET		MED FORCES				INFORMANT	A. SCO		329 常野 AL TIMO				21216
LT.	e be	the		18 CAUSE OF D	EATH (Enter or	nly one cause n				TE TEIT	71. 500	, , , ,	TE TITIO		17.11.11.1	APPROXIA BETWEEN O	MATE INTERVAL ONSET AND DEATH
:	ficot physion novo	ent,		PART I. DEAT	H WAS CAUSE	ED BY: TE CAUSE (o)_	er inte ror (a),	, , , , , , , ,	Blo	adde	Co	mce	1			luc	
ON ST	th cert nding carbar ar ret	afic e			IMMEDIA		OR AS A CON	NSEQUEN	CE OF			17.6					
201 W. PRESTON ST	by the	other troug		Conditions, if gove rise to couse (a), stunderlying co	immediate loting the	DUE TO,	OR AS A CON	NSEQUEN	CE OF								
	10 0 E	njury, or	NO	PART 2 OTHER S	SIGNIFICANT	CONDITIONS	CONTRIBUTIN	NG TO DE	ATH BUT NO	T RELATED T	O THE TERM	IN AL DISE	ASE OR COM	NOITION (GIVEN IN	PART Iro)
DIVISION OF VITAL RECORDS,	an. has	ows only	CERTIFICATION	190 DATE OF OPI	ERATION	196 CON	NDITION FOR	WHICHO	PERATION W	AS PERFORA	MED	20a AL	JTOPSY?				OF DEATH?
OF VITA	Z S O O T	Item 18 sho		210. ACCIDENT WAT OR CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF DE	ATH HOUR	A.M. MONT	TH DAY		c. HOW INJU	JRY OCCURR	RED (ENTER	NATURE OF INJ	URY IN ITEM I	18 PART I O	R PART 2)	
VISION	Y TO SEE	ked or It	MEDICAL	21d. INJURY OCC		21e. PLAC	E OF INJURY STREET, FACTORY,	, OFFICE, FAR		LOCATION	١		CITY OR T	OWN	C	OUNTY	STATE
۵	or or se or	Bor		220.1 certify tho		ital) ottended	the deceased	from			19.85	, to	3		_, 198	6 . 1	that (I) (we) lost
	TTEN TOR For u	21 is		sow the der	eased alive a	ot) view the bo	dy ofter death	19	ond th	nat in (my) (a	our) opinion (deoth occu	rred on the	date and h	nour and	from the c	couses stated
	OR AT DIRECT DIRECT DEPT	If Hem		22h. SIGNATURE	D	on view the do	by oner deam		DEG	AT.	TENDING _	MEDIC	AL STA		2	22c. DATE S	SIGNED
	ITAL by th FRAL state	ž-		22d PHYSICIAN	S N A AAF ITYDE	Chille			77	e. ADDRESS	HYSICIAN	DIRECTO	OR PHYS	ICIAN [
	TO FUNERAL should be det with the State	MPORTANT		PK	onits											1 9	
	Or of	3		URIAL, CREMATI	ON, REMOVA	L 23b. DATE			ME OF CEME				CATION CITY OR TOWN		cou		STATE
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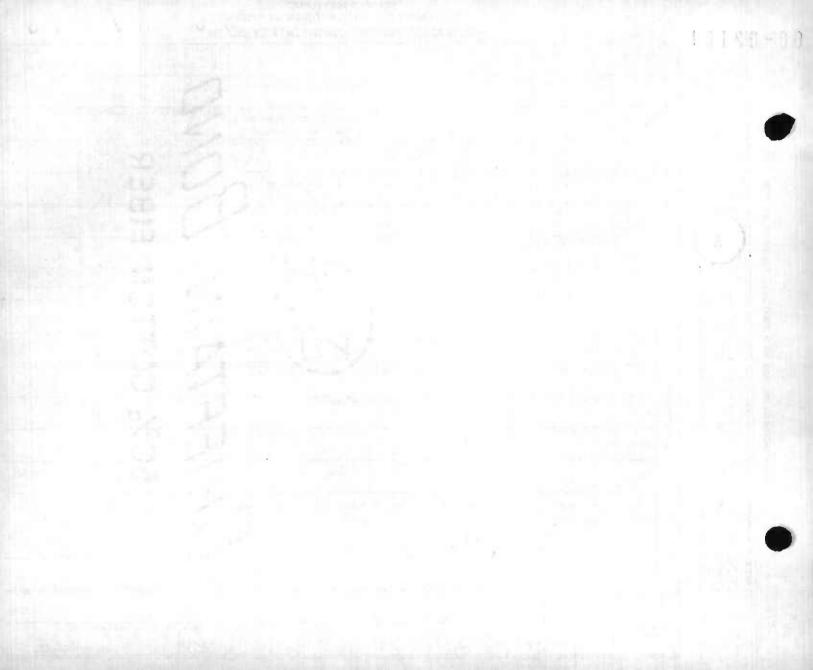
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(VRA 15, 4)

Anatomy Board

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00-	m34181		REGISTRAR		MED		EXAMIN	ER'S C	ERTIFIC	ATE O	F DEA	(TH "	REG. NO		-	Sad	9
0 0	ye no		EASED NAME	FIRST	TENEDO LA TELE	MIDDLE			LAST			20 DATE, KN	N NWO	HIMOM	DAY	YEAR	26 HOUR
	2 5 5 5 F.	(110	OKTKRAIJ	WILLI	AN				FREEMA	N J	R.	DEATH M	STI-	3	30	19 86	M
	RECEIPE	3. SEX	14	RACE	5. DATE OF BIRTH		6. AGE IN YEA	RS IF UN		FUNDER 2	24 HRS.	2c. DATE		MONTH	DAY	YEAR	2d HOUR
	DELAY IS NECESSARY, PEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED, WITHIN 72 HOURS ROS, 201 W. PRESTON STREET.		Male	Black	5 30	23	62 YR	Mortin	AS DAYS	HOURS	MIN	PRONOUNCE DE AD		3	30	19 86	6:50 Am
	SESS THE SESS	7a BII	RTHPLACE (STA	TE OR	76 CITIZEN OF WH		ITRY?	8 MARRI	ED NEVE	RMARRIE	D O	9. BALTIMOR	E CITY OR	COUNT	IY OF D	EATH	
	S S S S S S S S S S S S S S S S S S S		MD		US	A		WIDOW		DIVORCE	D O	Baltin	ore C	city			MD.
	SE S	10. CT	Y OR TOWN O	FDEATH	11. NAME OF HOSE	ITAL, NU	RSING HOME	OR OTH	ER INSTITUTION	ON	120 USL	JAL OCCUPAT	ION (TYPE OF	F WORK		ND OF BU	
	A FAIR OF		Baltim	ore	1301 Cal	houn					Gu	most of working	3 LIFE)				(1
_	NY DEL	USUA	L RESIDENCE II	F IN NURSING HOME C	OR OTHER INSTITUTION, GIV										212	213	
21201	F ANY DELA RETAIN PR SHOULD BE RECORDS:	13e S1	MD	136 COUN	TY	Ba.	ortown	е	13d. INSIDE CITY YES 🔀	NO 🗆	13e: STR	13 E.	Lafa	yet	te	Ave	
8	子の母を	14. FA	THER'S NAME		MIDDLE		LAST		15 MOTHER	'S MAIDE	NAME	MIDDL				LAST	
H,	17 E230		Willia	ım		Free			Vir	rgin	ia	MIDUL				ctne	v
No.	90 5 70	16a W	AS DECEASED	EVER IN U.S. AR	MED FORCES?	16b SOC	IAL SECURITY	NO.	17. INFORMA			-	ADDRESS		-	· CIIC	1
PRESTON ST., BALTIMORE, MD.	A S S S S S S S S S S S S S S S S S S S	(YE	Yes	(IF YES, GIVE	WAR OR DATES)	215	5-18-3	120	Cathe	erin	e F	reeman	141	3 E	c. I	Lafa	yette
3	2 8 3 E G		18 CAUSE OF	DEATH (Enter on	ly one cause per line t	or (o), (b), ond (c),)	17/16				79			AF	PPROXIMATE WEEN ONSET	INTERVAL
N N			PARTIDEA	TH WAS CAUSE	TE CAUSE (a) Ar	teri	osclero	otic .	cardio	vascu	ular	diseas	se				
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iii	EN LE			, if any, which	(1)										193		
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	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRIP PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		EXAMINER'S N (TYPE OR PRIN	AME Ann	M. Dixon,	M.D	•		ADDRESS	111 I	Penn	St., E	Balto.	, M	D 2	21201	
	DAY DEA	23a, BU	JRIAL, CREMATI	ON, REMOVAL 2	3b. DATE	23c t	NAME OF CEM			RY	23d. LC	CATION					
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		CEASED NAME FIRST	WIDDLE	LAST		0. DATE OF DEATH	NONTH DAY YEAR	26 HOUR
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o appro	3. SE.	F	4 RACE	5. DATE OF BIRTH	Y YEAR	AGE (IN YEARS LAST BIRTH	MONTHS DAYS	HOURS MIN.
13/		RTHPLACE (STATE ORFOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTS			BOLHACE		d m
42		Balto.	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI SIN SI MUSPIZA	SING HOME OR OTHER		2a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		F BUSINESS O
	13a.	AL RESIDENCE (IF NURSING HOME OR 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) DWN 13d INSIC		3 STREET ADDRESS / 3711 Hay	zip code wood Ave.	2121
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shows	E			Tax 110		YES NO	YES 🗌	NO 🗌
Mental Hygie	4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		D (ENTER NATURE OF INJURY	TH ITEM IS PART I OR PART 2]	
ofth ond M morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY	CE, FARM ETC)	ATION TREET	CITY OR TOW	N COUNTY	STATE
			10	and that in (my) (our) opinion de	ta 3 /26 oth occurred an the date	e and have and fram the	
State Dept. of Hem 21 is		224 PHYSICIAN'S NAME (TYPE O	eres the	DE GREE		MEDICAL STAFF	221 DATE 8/20	4
should be der with the State		FRIEDRICH J	/			F BACTIMO	us	
vi 3 <u>₹</u>	23a.	BURIAL, CREMATION, REMOVAL (SPECHY) Removal	23b. DATE 3-28-86	I NAME OF CEMETERY		23d LOCATION CITY OR TOWN	COUNTY	STATE
16 50M 4/83 A 15, 4)	24 F	uneral director NAME Anatoi	my Board	Balto.	, Md. API	RO7 1986	s) REGISTRAR'S SIGNAT	URE



Balto., MD

21212

DHMH - 16 50M 4/83 (VRA 15, 4)

4905 York Road

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STATE OF MARYLAND

IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 28. DATE KNOWN TY MONTH 2b HOUR (TYPE OR PRINT) ESTI-Gadreau DEATH MATED EDITH M. 3-23-86 19 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 7d HOUR AST BIRTHDAY PRONOUNCED 21 Female White 13 DEAD 3-23-86 19 6:55P BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Mary land U.S.A. WIDOWED [DIVORCED Baltimore City IO CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore Book Keeper University Hospital Insurance SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13d INSIDE CITY LIMITS? 132 STREET ADDRESS 1131 Wicomico Street Maryland Baltimore 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE EIRST Miller Ruth Riley 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 217-16-5930 No Joseph F. Gadreau Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO V 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM TIE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNRAL DIRECTOR; PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 LX 228 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Natural causes X Undetermined manner Accident Hamicide L TITLE (SPECIFY) ACTUAL DATE SIGNED 3-24-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME MargaritaA. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 3/27/86 STATE Glen Haven Mem Park Glen Burnie A.A. Md 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. BEGISTRAR'S SIGNATURE George J. Gonce 4001 Ritchie Hgwy Balto Md **DHMH - 17** (VR A15 ME (5))

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	TO MEDICAL EXAMINER: TO MEDICALE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO EUNERAL DIRECTOR: PAFENDENTH MITH THE STENDENT WITH THE STENDENT WARTHAND.	1	EXAMINER'S (TYPE OR PRI	NAME VI)	Greac	orv R. K	auffman, N	I.D.	_ADDRESS_	111	Penn	St.					
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

- STATE REG. NO DECEASED NAME LAST SIDST 20 DATE OF DEATH MONTH DAY YEAR 2h HOUR TYPE OR PRINT MARCH Dr. SIDNEY R. GALLER 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) NOV. 9.1922 MALE WHITE 63 BIRTHPLACE STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND USA WIDOWED BALTIMORE CITY CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12 SCIENTIFAICH WORKING LIFE 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY ADMINISTRATOR U.S.GOV'T. BALTIMORE UNION MEMORIAL HOSPITAL JOUAL RESIDENCE (11 ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 126 COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND BALTIMORE BALTIMORE 6242 WOODCREST AVE. 21209 NO TA IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANIDDEL BRONSTEIN SAMUEL ANNIE **GALLER** 17 INFORMANT MRS. ADELA GARDER 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO YES NO OR UNKNOWN WWT I - ARMY TES 6242 WOODCREST AVE. 216-12-7799 BALTO., MD METWEEN ONSET AND DEATH IL CAUSE OF DEATH Enter only one course per line for fall the and in PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IS OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate couse ial stating the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT WELATED TO THE TERMINAL DISEASE OF CONDITIONS GIVEN BY PART 111 1% DATE OF OPERATION 18), CONDITION FOR WHICH OPERMION WAS PERFORMED IN CERTIFYING CAUSES OF DEATHT NOT YES I NO.

The ACCIDENT WAS UNDERTING OR CONTRIBUTING THE CAUSE OF DEATH CHERWER HOTHY MEDICAL EXAMINER; THE INJURY OCCURRED STROPE OF STROPE

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 10 TIE PLACE OF INJURY

AT HOME STREET, FACTORS OFFICE FARM FTE'S

211 LOCATION

2000

COUNTY EID ON TOWN STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226 SIGNATUR

236 BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

BALTIMORE

ATTENDING PHYSICIAN

HEBREW

MEDICAL DIRECTOR PHYSICIAN

THE HOW INJURY OCCURRED LEWISE HATOR OF AUGIN IN THE REPORT OF THAT TO START IT

22c DATE SIGNED 3/11/86

22d PHYSICIAN'S NAME LIVE OF PRINT

SUSAN DUMSHA, M. D

220.1 certify that (1) (this haspital) attended the deceased from

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

UNION MEMORIAL HOSPITAL RETSTERSTOWN

BALTO. MD

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORT,

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

23b DATE

MAR. 13, 1986

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE ---- mon pandell

0-000461	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENB 6 0 A	3 9 2
	1. DECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR P
noy be poge 3	GERTRIII	E.	GALUSKA	MARCH 6, 1986	11:02
pog pog	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 pro	Female	White	3 18 23	62 YRS	ON HS DAYS HOURS MIN.
	TO BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED EXNEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
L'ALL	Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE CI	TY MD.
by the	BALTIMORE	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET THE TOHNS HOPKT		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Technician	12b. KIND OF BUSINESS OR INDUSTRY Paper Company
212	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	13e,STREET ADDRESS / ZIP CODE	
NN 22		====== Baltimo		4140 Doris Aver	ue 21225
MARYLAND Red Athin 24 Thorse Will Thorse Will Exominer mu	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST
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BALTIMORE,	160 WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)		ADDRESS	
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been signment. Then prior to b	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
ALR he le lon.	H.	A 100 March 2010		YES NO YES	YING CAUSES OF DEATH? NO
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TENDI Ital or OR: A pr use f Heal	saw the deceased alive or	at) view the body after death.	, and that in (my) (our) opinion	deoth accurred an the date and hour	and from the causes stated
TAL OR AT THE hosp the hosp tal DIRECT defouted from the Dept. of the MT. If them 2	226. SIGNATURE	L' Comez	DEGREE DATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/6/8C
O HOSPITAL etonined by th TO FUNERAL should be det with the Store MADRIANT; If	22d. PHYSICIAN'S NAME (TYPE)	orprint) Frankl	inc 200 ADDRESS 600 is	N. WOLFE ST. BALT	O. MD 21205
BP	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	-11-1	NAME OF CEMETERY OR CREMATORY OLY Cross Cem.	Baltimore	COUNTY STATE Md
DHMH - 16 60M 7/84 (VRA 15, 4)	George J. Gonce	4001 Ritchies H	gwy Balto Md	E REC'D BY REGISTRAN 256 REGISTI	ARS LIGHTING

the office will adjust to the cook

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE

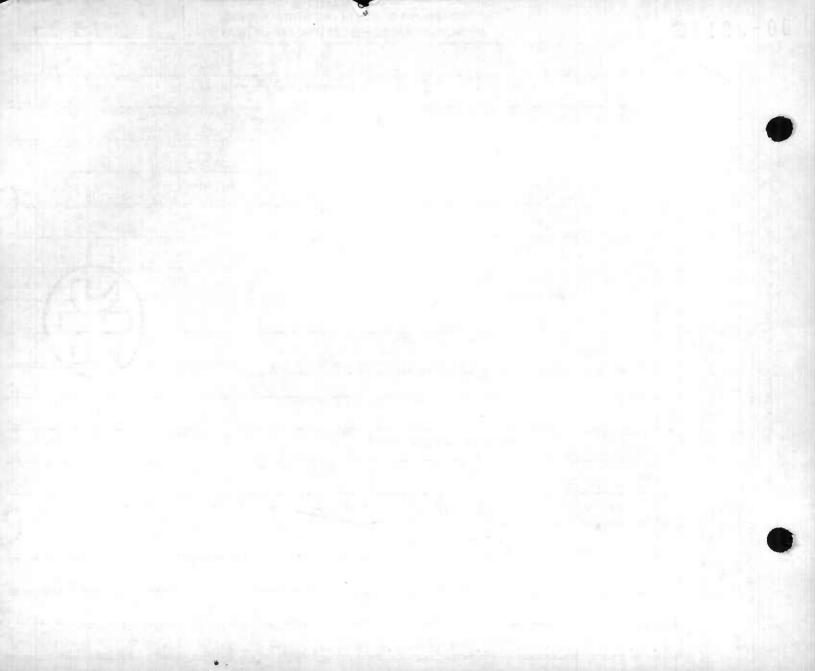
STATE OF MARYLAND

CERTIFICATE OF DEATH

	REGISTRAN				.,	REG. NO			
1. DE (118	GEASED NAME FREE AUTO	Ethel		Gamble		March 2	25. /	1986	10:50 P.
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5	Charles "	Powell		Ro		AE MEIOLE	31	Fle	eming
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25M		24. FI	UNERAL DIREC					4111		- Ocilie	25a. DATE REC	C'D. BY RE	GISTRAR	25b. REC	GISTRAR	'S SIGN	ATURE	-
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in 24 houy Kill	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE		13d. INSIDE CITY LIMITS? YES 19 NO 1		ZIB CODE DONOGE AUF
and 2	7	-	MIDDLE // 1/1 B MY 3 LAST	15. MOTHER'S MAIDEN NA	A AUNS	S LAST
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ATTEND ospital o ospital o ECTOR. y of far use of a file of the office of the office of the office o		270 I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATURE	to all attended the deceased from 19 8		death occurred on the d	19 that it (we) last ate and hour and from the couses stated
SPITAL OR I by the h		M. J.	Shafi	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAI	FF 216/86.
O HOS	22.0	JAVAID	M SHAFI	PROVID	ENT	Hospital
BP	1	URIM CREMATION, REMOVAL	236. DATE 236 NA	ME OF CEMETERY OR CREMATORY	23d LOCATION	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		margare	A hange ADDRESS ?	. / 4 ?]	MAR 1 0 1986	25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

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(VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 069039 REG. NO 20 DATE OF DEATH MONTH DAY YEAR 2b HOUR LIVPE OR PRINTI A. WILLIE GAYLES 4 86 3. SEX 4 RACE IF UNDER I YEAR 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY! IF UNDER 24 HRS YEAR To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED V NEVER MARRIED Va WIDOWED DIVORCED BALTIMORE, CITY O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Chesapeake WORK FOR MOST OF WORKING LIFE) BALTIMORE 3832 Paper Board Co PALLMALL ROAD 130 STATE 13b COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore YES X 3832 Pall Road 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Edward Gayles Boldon Annie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) 223-12-9095 Rosa Gayles 3832 Pall Mall Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: espiratory IMMEDIATE CAUSE (0) Canditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY 0 (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (I) (we) (did) (did not) view the body ofter death and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated 22h, SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN [DIRECTOR PHYSICIAN MPORTANT Meyer Johns Hopkins Hospito 230 BURIAL CREMATION REMOVAL 231. NAME OF CEMETERY OR CREMATORY MD Burial 3/10/86 Garrison Forest Vet Owings Mills 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 255, REGISTRAR SIGNATURE A DHMH - 16 60M 7/B4 WM. MARCH F/H INC. 4300 WABASH AVENUE

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH

REGISTRAR			REG. NO	0.					
1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR				
Kather	ine Ann	Geissler			86 8:30p M				
J. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		RIYEAR IF UNDER 24 FIRS				
Female	White	June 9, 1905 FAR	80	YRS	DAIS HOURS MIN.				
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED □ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY OF DE	ATH				
Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMO	RE CTTY	MD				
BALTIMORE	ST. AGNES HO	SPITAL	170 USUAL OCCUPATION OF WORK OF MAST OF WORK OF MAST OF WORK OF MAST O	ON 12b.	KIND OF BUSINESS OR DUSTRY				
STATE Maryland 136 COL	DR OTHER INSTITUTION GIVE RESIDENCE BEFO		4201 Nicho	ias Avenu	e 21206				
John FIRST B Loet	n last	Jul fanne			LAST				
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC 217-26-9		nk 2837 Holl		Rd 21230				
PART I. DEATH WAS CAUS	anly one cause per line far (a), (b), a ED BY: ATE CAUSE (a)	& Sundsonn	, School		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH				
Canditians, if any, which	DUE TO OR AS CONSERVE	The auth h	1/1		HARAN				
gave rise to immediate cause to, stating the underlying cause last.	DUE TO, OR AS A CONSE	reliegm A	Kock						
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART IIa				
19a DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY? YES NO V	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO					
21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)						

HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION ZId PAJURY OCCURRED He PLACE OF INJURY CUY OF LOWIN COUNTY state LAT HOME: STREET, FACTORY, OFFICE, FARM, ETC. 1 NOT WHAT 17s.1 certify that (I) (this hospital) attended the and from the causes stated 22% SIGNAT TN. DATE SIGNED MEDICAL STAFF PHYSICIAN D

Sacred Heart Of Jesus

900 S. Caton Avenue Baltimore MD 21229

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

MEDICAL

(SPECIFY)

Burial

24 FUNERAL DIRECTOR Dippel Funeral Homes, Inc

7110 Belair Road Ealtimore Maryland

3/29/86

Baltimore Co. Md

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TO SECURE HEAD DESIGNATION OF THE PARTY OF T

attached continue of Bills and the con-

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME MIDDLE 2a DATE OF DEATH 26 HOUR TYPE OR PRINTI Helene 03-13-86 Huss Gengler 3. SEX A AGE LIN YEARS LAST BIRTHDAY Female White July 4, 1897 88 YRS Ta BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Europe USA Baltimore City DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Belair Convalesarium Housewife SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. STREET ADDRESS / zladgewood, Md. 21040 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Harford Edgewood 1452 Harford Square Drive, Ct. D FATHER'S NAME 15 MOTHER'S MAIDEN NAME John Huss Unknow Marie WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 212-46-4459 John F. Gengler, 1452 Harford Sq. Drive, Edgewood APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY OF METASTHSES Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY NOT WHILE Visinen 220.1 certify that it (this hospital) thended the deceased from 3,86 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (did not) view the body after death

Luis Rivera M.D.

22e. ADDRESS

Road. Cockevsville Adam

230. BURIAL CREMATION, REMOVAL Burial Mar.15,1986 23c. NAME OF CEMETERY OR CREMATORY

Glen Haven Mem. Park Glen Burnie

ATTENDING MEDICAL STATE
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

P 4

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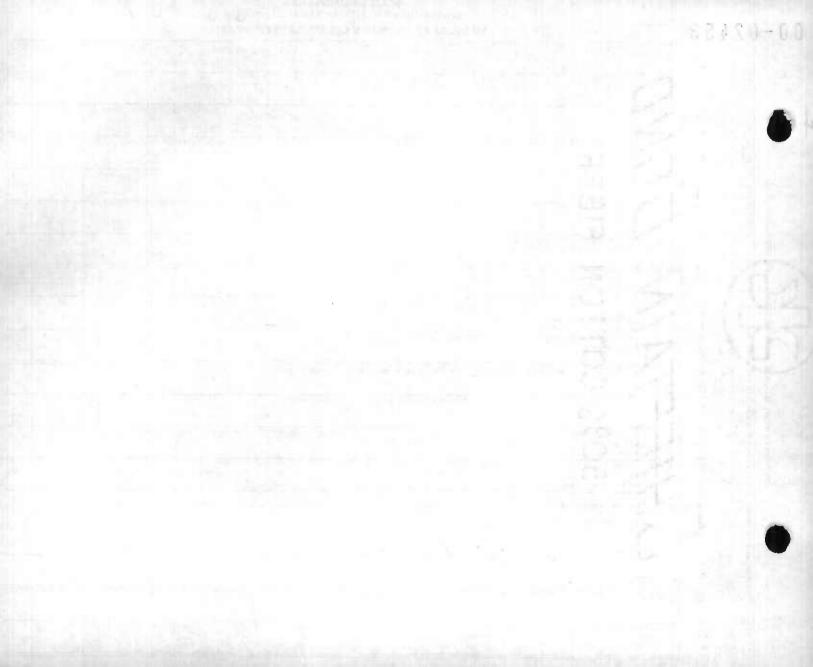
Comas HOMERAL ABINGDON MD

21 00 87 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

BB THE Mount TB BB THE BB THE BB

21250
Lula Alvara . L. FA Coott Adam 1014, Joosevaville, HD

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00-	02433		REGISTRAR		MEL	DICAL EXAM	INER'S C	ERTIFIC	CATE OF	DEATH	REG. NO.			
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	23.8.8.8.1.			BERKEL	EY	M.	GH	EE		DEATH	MATED	3 3	0 19 86	5
	A CHESTER	3 SE	K 4 R	ACE	5. DATE OF BIRTH	6 AGE III	YEARS IF UN	DER 1 YR.	IF UNDER 2				DAY YEAR	2d HOUR
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	SE S	FC	REIGN COUNTRY)		3.136	or coorring;			ER MARRIE			-	OFDEATH	
	IS NECESSARY, PLEASE F FUNERAL DIRECTOR. F. C. YOUR FILES. FILE WITHIN 72 HOURS FEETON STREET,	10.0	Md ITY OR TOWN OF	DEATH	USA		WIDOW		DIVORCE	2012	imore (MD.
	Y IS	10.0	IIT OR TOWN OF	DEATH	I IF NOT IN SUCH FAC	PITAL, NURSING HO	S)		ION	FOR MOST OF WOR	PATION TYPE O	DF WORK	OR INDUS	TRY Jail
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- 2	SEA SE		AL RESIDENCE (# III	13b. COUN	OR OTHER INSTITUTION, GIV	13c. CITY OR TOWN	ISSION)	13d INSIDE CIT	TV LIMITES II	3e STREET ADDRE	ec			
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9	H. F. A. 23. A. A. 25. S. A. 25. S. A. 25. S. H. R. 25. S. H. 25.	14. F.	ATHER'S NAME			TEGICINIO			R'S MAIDEN		111101 30	717 0111		
3	EATH.		erkley		MIDDLE	LAST		FIR	RST	A	MDDLE	0	LAST	
a c	S S S S S		WAS DECEASED EN	FRINIIS AD	M. MED EORCES?	Ghee Tibb SOCIAL SECU	PITY NO	17 INFORM	rgaret		ADDRESS	<u></u>	<u>romwel</u>	
P P	VE PA VE PA GES GES SION	10	ES, NO, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-64-7509 Patricia Ghee 2720 Baker								
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	: 5°8 ≥ 1.0	13	18 CAUSE OF DE	EATH (Enter on I WAS CAUSE	ly ane cause per line	lar (a), (b), and (c).)							APPROXIMA BETWEEN ONS	TE INTERVAL
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCENE O

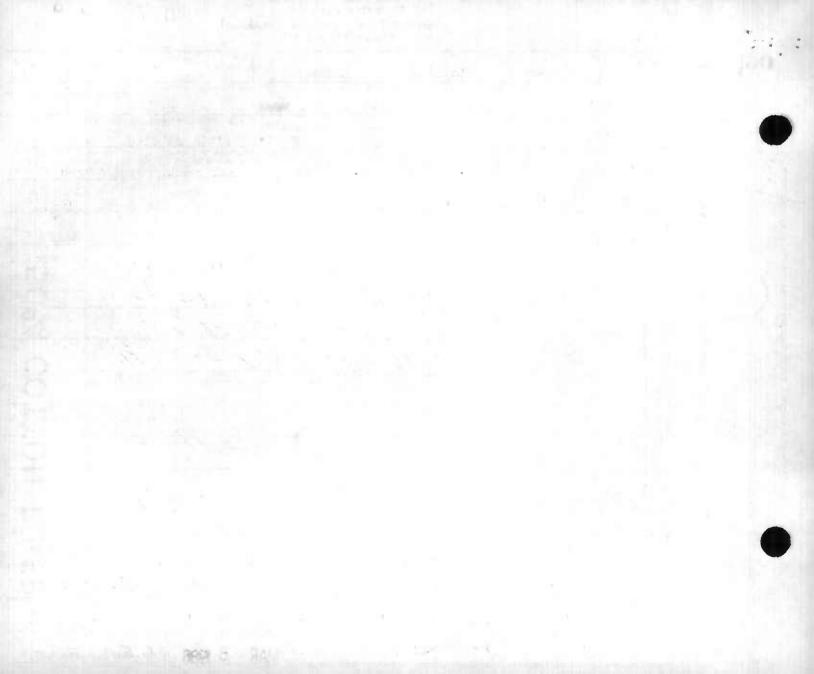
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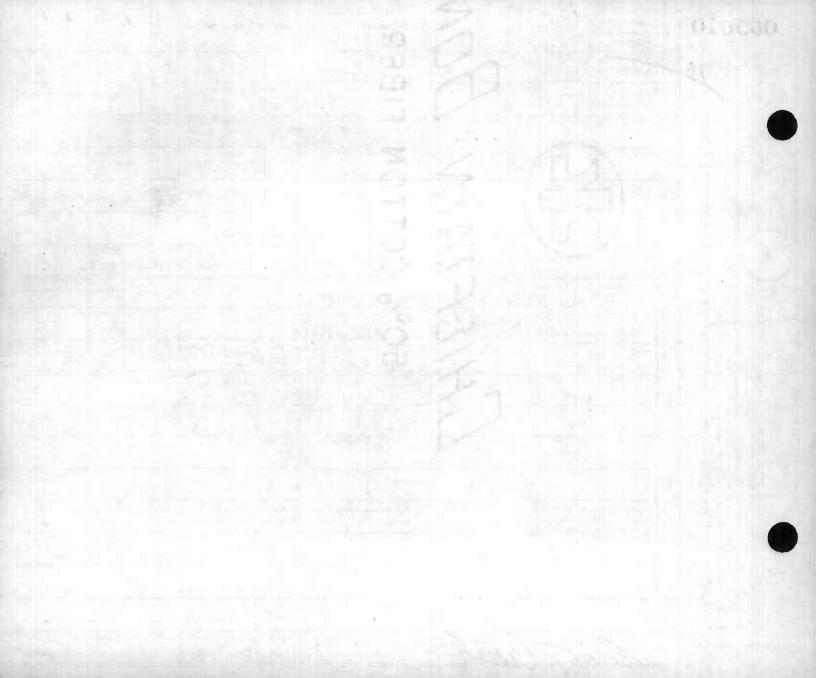
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		REGISTRAR					TEATE OF BEATTI	REG. NO	D.			
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			Tames	P.	loysius		Gibson	March	1 3,	1986	6	PA
3	SEX			4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	_	IN UNDER I YEAR	IF UNDE	R 24 HRS
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7		RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	D NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH		
		Maryland	3.55	USA		WIDOWE		Baltimore	City			M
1	0 CI1	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST O		12b KIND C	OF BUSIN	ESS OF
		altimore		1000 8	. Cator		Home 21229	Bar Tende		Tave	cn	
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		ryland	Balti	L. L.V	Baltimor			V	Vashin	gton B	1vd.	230
	4 FA	THER'S NAME		MIDDLE	ŁAST		15. MOTHER'S MAIDEN NA	ME		LA		
		James		dward	Gibso	n	Jennie	MIDDLE			off	
l		AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT (Sis	ter) ADDRE		Phirne	Pos	A E
	,,,	No		VA.	216.10.	7949	Mrs. Agnes V	. Gallagher				
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		gove rise to imm		DUE TO. O	o who for	dictor .	1 011	. / /	01/2	X		
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	z	PART 2 OTTER SIGN	AILICAIAI (ONDINONS CO	SINTRIBUTING TO	DEATH BOT	NOT RELATED TO THE TERM	MINAL DISEASE OR COIN	JIIION GIV	EN IN PART IS	0	
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	띮							YES NO		YING CAUSES	OF DEA	
	ERT	210. ACCIDENT WAS UND	ERLYING [1 21b. TIME O	F INJURY		21¢ HOW INJURY OCCUR				140 [
		OR CONTRIBUTING	AUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR						
	Š	(IF EITHER, NOTIFY MEDICA			M.	19	21f. LOCATION					
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		NT WORK LIL AT WO	ex L			2	228/	33	X/			
		27n.1 certify that (I)		271 11	o oftended from_	/ /	19	, to	00	19	that (I)	,
		saw the decease above, (I) (we) (d	rd alive on fid) (did no	ti view the Body	after death.	. 01	nd that in (my) (aur) opinian	death accurred on the do	ate and hou	r and fram the	causes s	tated
		775 SIGNATURE	10 -	. 1	7		DEGREE			22c. DATE	SIGNED	1
		011	Me	n 11	nyn	2	ATTENDING PHYSICIAN	MEDICAL STAF		12/	4106	9
		THE PHYSICIAN'S NA	WE CINED	14/1/1	1		22e. ADDRESS	Flaren	11		111	1.
		MEGE	7	1111	802		3336 W	1 1 1 1 1 1 1 1 1 1 1 1	11-1	// -	24	1
2	23a. BI	URIÁL, CREMATION,	REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	(5	Burial			5,1986	Holy	Cross Cemeter	y Brooklyn	Park	A A C	O. ST	Md.
	4 FU	INERAL DIRECTOR	98	11-11	/		250. DAT	E REC'D. BY REGISTRAR				
		NAME	11/2 00	in These	lome Gle	n Bur	nie Md lasa			andrew 7		4
		Singlet	OH FU	THET OF L	TOME ATE	II DUL	nie, Ma. MA		-14 4 AZ A	Call Street	Market a S	Use 2

DHMH - 16 50M 1/76 (VR A 15 (4))

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	11-	FOR F11M G014 STATE 4/10/86	rja	L	EPARTMENT OF				GIENE	6	0	7	23	3	8
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ARRY P TONE TON ST		emale White	e "	3/7/1939	1947 47 39					DEAD	ED	3	28	19 86	10:07 P M
PRESENT OF THE PRESEN		RTHPLACE (STATE OR REIGN COUNTRY)	7b.	CITIZEN OF WH	AT COUNTRY?	8 MARR	IED 🖺 NEVE	ER MARRIEI	9.1	BALTIMO	RE CITY OR	COUN	Y OF D	EATH	
A STATE OF THE STA		Maryland		U.S.		WIDOW		DIVORCE		Balt	imore	Cit			MD.
2 2 2 日本 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	TY OR TOWN OF DEATH	11.	(IF NOT IN SUCH FAC	PITAL, NURSING HOMI			ION	FOR MOS	T OF WORKIN			OR	ID OF BUS	Υ
20 2 2 2 C	LANCE IN	Baltimore L RESIDENCE (IF IN NURSING	U.	niversi	y Hospital	(ST	U)		Lak	orer			Cons	solid	
TO THE STATE OF TH	13a. S	TATE 13b.	COUNTY	HER INSTITUTION, GIV	13c CITY OR TOWN	D /	13d. INSIDE CITY		723 S		ceme	Ave	. (2		Parts)
2000	14. F/	THER'S NAME	MIC	DDLE	LAST		15. MOTHER	ST MAIDEN	NAME	MIDE	DLE			AST	
188 3000	1	Robe		L.	Norfolk			Marga	ret			Da	vis		
ON CREEKA	6a. V	VAS DECEASED EVER IN L	S. ARMED	FORCES? OR DATES)	166 SOCIAL SECURIT		17. INFORMA				ADDRESS				
BALL BASAF B GWEN PAG DIVISION	_	No			217-50-97	07	Gail	Krenz	er, 4	1020	Sixth	St.			
18. DOUR		18 CAUSE OF DEATH (E PART I DEATH WAS	ALICED BY.									77	BETW	PROXIMATE EEN ONSET	AND DEATH
NA LIENA	17	0147 IM	MEDIATE CA	AUSE (o)	Multiple in	juri	es						-		
SANON SANON		Canditions, if any,	which	DUE TO, OK	AS A CONSEQUENCE	OF									
ON THE SECTION OF THE		gave rise to imm cause (a) stating the	nediate	(b)	AS A CONSEQUENCE	25							+		
5 PEZEZEZ		lying cause last.	-		43 A CONSEQUENCE	JF									
ANDANA		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTI	(c) RIRUTING TO DEATH R	UT NOT RELATED TO THE TERM	INAL OISEAS	E OR CONDITION (GIVEN IN PART	1 (a)						
E PE E COR	Z														
DIVISION OF VITAL RECORD S CERTIFICATE SHOULD BE EXITING THE WORD." PENDING RED TO THE CHIEF MEDICATE 3 SHOULD BE USED AS A BE TO BEARTMENT OF HEALTH OF PRIOR TO BURIAL, CREMA	CERTIFICATION	19a. DATE OF OPERATIO	N	19b. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORM	AED?					20 A	UTOPSY?	7
AT SEED SE	Ĭ	Dames Division in		11000									He	ad O	JAA
O PER MEN OF THE PRESENT OF THE PRES	8	210. EXTERNAL CAUSE W	VAS	21b. TIME OF HOUR XX	INJURY MAONTH DAY YEAR	21c. H	OW INJURY C	OCCURRED	(ENTER NATI	JRE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PA	RT 2)		
A PATO HE PATO	MEDICAL	CONTRIBUTING CAU	SE OF DEAT	гн 9 р.м.	3-28- 1986	Pe	destria	an st	ruck	by au	ito.				
CERTIFICATION TO THE TRICK TO T	- G	21d. INJURY OCCURRED	us an	21e PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION		CI	ITY OR TOWN		COI	YNTY		STATE
HIS WR		WHILE NOT WHI	K	ro	ad		laski I	Hwy.	& Hol	ly Dr	C •	Ba.	lto.		MD
ATE, PATE, P		22a. I certify that I tao	k charge af	the remains desc	ribed abave, held on	Autop	a Aniy	Inspection		Inquiry [, and	in my op	inian		
NA PER	1	death resulted fram	Natural co	nuses .	Accident X Su	cide 🗌	Hamicid	de 🔲 .	Undeterm	ined manr	ner ,				
WAR WAR		ACTUAL	An.	()			TITLE (SPE					- 170			234
ZE SE	1	SIGNATURE	lin	1	X		ASS1S	stant	MEDICA	LEXAMIN	IER	SIGNE	D 3-	29-86	
W C C C C C C C C C C C C C C C C C C C		EXAMINER'S NAME A	nh M.	Dixon,	M.D.			111 1	Penn :	St.	Balto	N	ID 2	1201	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE E-CONTROLLE THE CERTIFICATE. WRITING THE WORD. "PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL PATER DEFENSIVELY OF HEALTH AND BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION."	23a B	(TYPE OR PRINT)			23c. NAME OF CE		ADDRESS		23d LOCA		201 00	- / 1		-201	
	(5	Cremation		1/1986	Westview			1	CITY OR T	OWN	ore, N	COUR	l and	STA	TE
25M		INERAL DIRECTOR					25	a. DATE RE	C'D. BY RE	GISTRAR	256 REGIST	RAR'S S	IGNATU	IRE	
DHMH - 17 (VR A15 ME (5))	Ge	orge J. Gonc	e,400	I Ritchi	e Hg.,Balt	more	. MD .	5-	>1-	86					

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAL

24 FUNERAL DIRECTOR

FOR

March Funeral HOmes 1101 East North Avenue

Church Cemetery

4/5/86

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

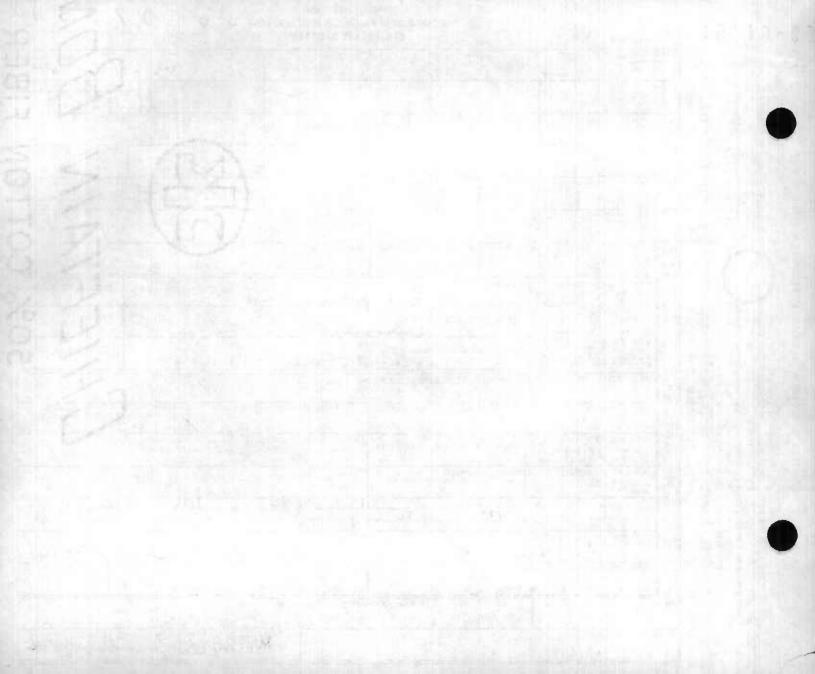
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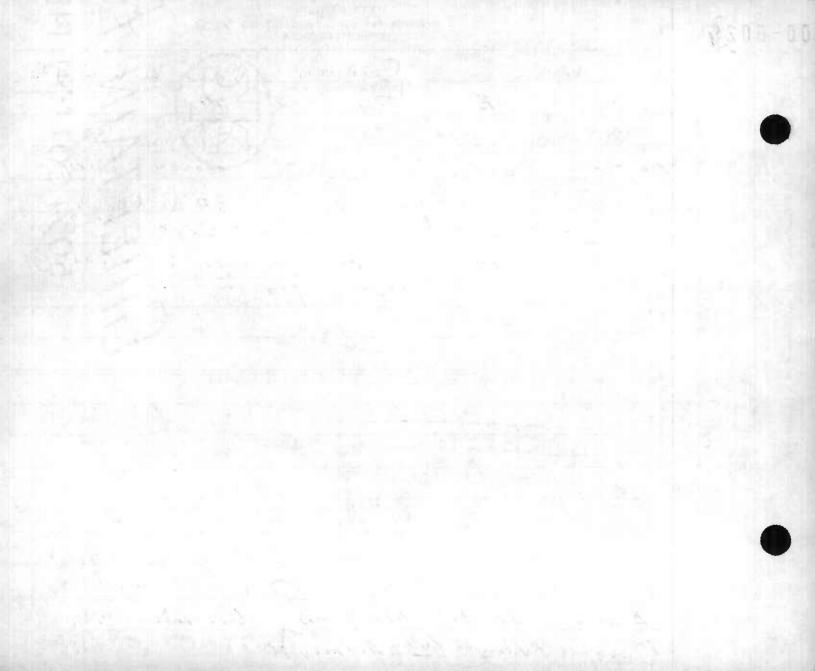
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01677	1-	FOR STATE REGISTRAR	DEPART	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		3 0 1
oge 3		CEASED NAME FIRST CATHE	ERINE ELIZABET		LORIA	MARCH 25,		75 HOUR
poge r dec	3. SE)		4. RACE	S. DATE C		6 AGE (IN YEARS LAST BIR		- /*
ctor.	9. 02.	FEMALE	WHITE	AUG	. 25, 1920	65	YRS	DAYS HOURS MIN.
h Pog dire		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C		ATH
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and the same of th	and a	TY OR TOWN OF DEATH LTIMORE	(IF NOT IN SUCH FACILITY GIVE STREET THE JOHNS HOP			ITYPE OF WORK FOR MOST OF SECRETA	DF WORKING LIFE) IND RY EI	DUCATION
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mpletely	14) FA	VINCENT	CASCIO		FLORENC	E	MORR]	KÖZ
ond co	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU ME WAR OR DATES) 212-12-		PAUL V. GLO	ORIA2 DUN		. 1-C 21
nficate by physician naval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), or DBY: TE CAUSE (o) (APD)		erest		_8	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
leath cert thending ve carbor ion, ar rei iumatic ev		Conditions, if ony, which			on unrespo	NSINE	Á	2 HRS
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equires to signed Then ple to burion injury, or	NO	PART 2 OTHER SIGNIFICANT OF	FAILURE, SEI	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART 110
an. has bee t permit. ene pria	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES. NO□	206. IF YES, WERE IN CERTIFYING C YES [FINDINGS USED AUSES OF DEATH? NO
Clan: The physicion physicion of ol-transit produced in the physicion of the physicion of the physician of t		71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR	PART 2)
G PHYSII of this centre of the burn and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	OWN COL	INTY STATE
ENDIN tol or o OR: Aft ruse as Health		22a I certify that (1) this hosp	ot) ottended the deceased from	24 M	ARCH 19 86		. 17	
OR ATT DIRECT oched fo Dept. of		obove. (1) (we) (did) (did no	of view the body ofter death.		DEGREE M D ATTENDING PHYSICIAN [MEDICAL STA	22	DATE SIGNED 3/25/86
TO HOSPITAL retained by this TO FUNERAL (Should be detown with the State (IMPORTANT: If		220 PHYSICIAN'S NAME TYPE OF			PHYSICIAN [27e ADDRESS 600 N. WOL			//-
short short	73a (BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	73d LOCATION		
BP]	BURIAL	MARCH28, 86MI	CADOW	RIDGE MEM.	PARK HOWA	RD CO.	MARYLAND
	24 FI	UNERAL DIRECTOR			250 DAT	E REC'D. BY REGISTRAF	256 REGISTRAR'S	IGNATURE

				- W	A	STATE OF N	ARYLAND	45. 4		C 4 2
00-	002	Dol.	1.	FOR STATE	DEPAR		AND MENTAL HYG	IENE 8 6	0 /	303
0 0 -	0023	74		REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO).	
		200	1 DEC	EASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	NONTH DAY YE	EAR 26 HOUR
	by be			howi	3	(Tood)	MAN	March	10 198	6 945 "
	00 1		3 SE)		RACE	5. DATE OF BIRT	H DAY YEAR	& AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
	ecto		,	Male	B	Feb	1909	77	YRS	DATS HOURS MIN,
	d die	57/		RTHPLACE ISTATE OF FOREIGN 7	'b CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEAT	гн
	uner Uner	6		Mareyland	WSA	WIDOWED	DIVORCED [Balti	mone S	Dry MD.
- 1	the fu	(F)	-0.0	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURS		IER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		IND OF BUSINESS OR STRY
100	in by #		-	L RESIDENCE HE NURSING HOME OR C	Makelond	Nanse	, lander	200000	N Inle	A-KSM-P
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₩.	5 0 -	100	16a V	AS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SEC	URITY NO. 17. IN	FORMANT	ADDRES	S	
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ALTI	o o s	ol.		18 CAUSE OF DEATH (Enter only		and ica		7.		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	physica	went,		PART I. DEATH WAS CAUSED	BY: CAUSE (a)	CAMDIA.	2 Amry	Mmix	86.1	WEEN ONSET AND DEATH
TS NO	ding	or re		IMMEDIATE	DUE TO, OR AS A CONSEQ	LIENICE OF	1		2 3 4 3	
PRESTON	deot	, E		Conditions, if ony, which	(1b)	DENCE OF	Dus		No.	
	the of the or	er tro		gove rise to immediate cause los, stating the	DUE TO, OR AS A CONSEO	LIENCE OF			~	
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5, 201	gned gned	burio ry, or	7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT R	RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN IN PA	RT 1(a
RECORDS,	requester si	or to	CATION							
REC	low so be	s on	FICA	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS	SPERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS USED USES OF DEATH?
TAL	The ictorn te ha	Show	CERTIF	21a. ACCIDENT WAS UNDERLYING	AN THE OF BUILDY		ION INTERNATION	YES NO	YES 🗌	NO 🗌
DIVISION OF VITAL	SICIAN: ng physicertifical	五四日		OR CONTRIBUTING CAUSE OF DEAL	216. TIME OF INJURY	DAY YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN HEM 18, PART 1 OR PA	RT 2)
O		0 = /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	OCATION			
OISI	tend the bis	w pu	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM ETC)	STREET	CITY OF TOW	N COUN	TY STATE
20	O NO O	nork		22a. I certify that (I) (this hospite	11	Avi		3/10	/	
	TEN TO OR	He He		saw the deceased alive on_	2/1/2 10	010101	in (my) (our) appoint d	leath accurred an the day	te and hour and tran	, that (I) (we) lost
	hosp hosp RECT	pt. o	119	22b SIGNATURE	view the body by to yours.	DEGRE				DATE SIGNED
	0 0 0 0	. If h		////	me Co	R	1 PATTENDING	MEDICAL STAF	10	1/12/1
	HOSPITAL med by the FUNERAL	ANI		27d. PHYSICIAN'S NAME PAPE OR	PRINT	1 22e	ADDRESS	CORECTOR DEPRESE	AIV	100.
	o HOS	MPORTAN		111	Myc//my	110	100	10/1/1990	Trugg Mi	:6644
	of of other	3 ≥	23a B	URIAL, CREMATION, REMOVAL		. 1	RY OR CREMATORY	234 LOCATION		10
	BP			DUNGE	3/13/84	M+3.	ION	Charim	1 2 4 8 copy	MOD STATE
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	(VRA 15,	4)		Targal P	Very Wis	191/1	MAN TO SU	1 4 1900	I deline of	



	FOR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYG	IENE 8 6	07 4
	REGISTRAR DECEASED NAME FIRST	MIDDLE	RTIFICATE OF DEATH	20. DATE OF DEATH	MONTH DAY YEAR THE HOUR
000	Leona	E. Zo	odnuth	1.465	3 10 86 6:50A
(9	Female	Caucasio S.D.	ATE OF BIRTH MONTH DAY YEAR 96	6 AGE (IN YEARS LAST BIRT	WCMTHS DAYS HOURS ANA.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		ARRIED NEVER MARRIED DOWED DIVORCED	Baltimore CITY OI	RECOUNTY OF DEATH
nothfied with	Baltenne	IT. NAME OF HOSPITAL, NURSING HO (IF NO, IN SUCH FACILITY, GIVE STREET ADDRE		12d USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Housewif	
must be	JSUAL RESIDENCE (IF NURSING HOME OF 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIT		13e.STREET ADDRESS / 2741 Wilk	ZIP CODE Balto., Md
exomine (FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	WIDDIE	LAS1
	O WAS DECEASED EVER IN U.S. A	Carroll REMED FORCES? 166 SOCIAL SECURITY INE WAR OR DATES)	2/41		
movol.	18. CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b) and (c), (SED BY: ATE CAUSE (a)	Mrs. Geraldi nontry Ar	REST.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eose remove corboi, cremotica, or respectively corporate troumotical	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE			SEPTSE
Then pl		CONDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMI	INAL DISEASE OR COND	DITION GIVEN IN PART TIO
ene prio	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1%. CONDITION FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	OR CONTRIBUTING CALLS OF D	EATH HOUR A.M. MONTH DAY	(FAR 19	ED (ENTER NATURE OF INJUR	Y IN 11EM 18 PART I ORPART 2)
rked or I	THE THER NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, E	211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
of Heolifi 21 is mo	sow the deceased alive a	pital) attended the deceased from	_, and that in (my) (our) opinion of	, to	te and hour and from the causes stated
uld be detoched the Stote Dept.	226 SIGNATURE	- John	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN [] 22c. DATE SIGNED
with the Sto	220 PHYSICIAN'S MAME (TYPE	ORPRINT; JULKA	107 E SAT		7 Baltimore
£ ₹ ₹ ₹	BURIAL, CREMATION, REMOVA		of CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	STATE VINUOD
50M 4/83	FUNERAL DIRECTOR TRUMAN SCHULA	3512 FREDER	OK AVE, 250. DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE



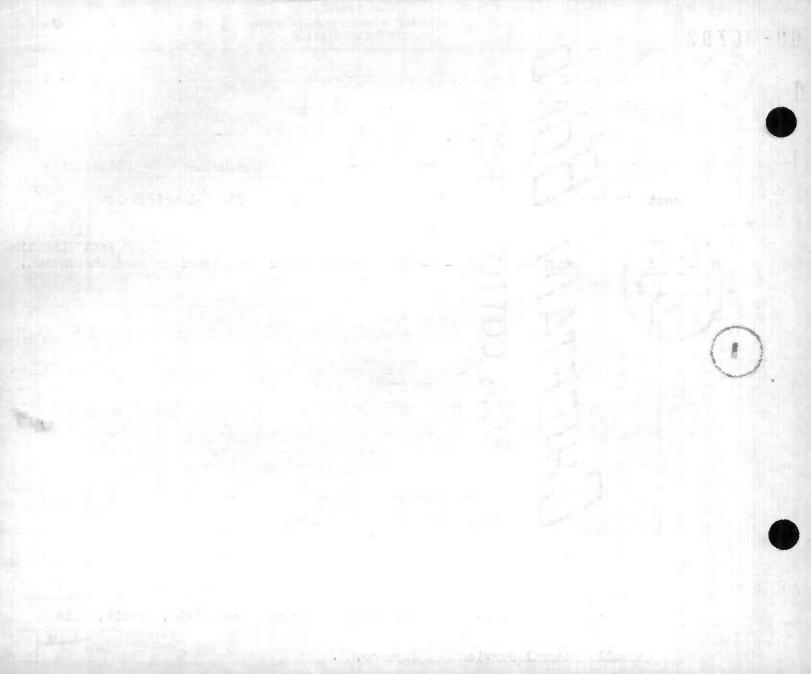
		FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		0 0
7.6		CEASED NAME FIRST	ALAS HUI			ORDON	March 24.		2h HOUS O
000	3, 5EX		4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER LAHRS
The state of the s	1 40	Male.	White	COUNTRY	Apr	22, 1902	83	YRS	
15	(OUNTRY)	76 CITIZEN OF WHAT		MARRIE	NEVER MARRIED DIVORCED	Baltimore city of		MD
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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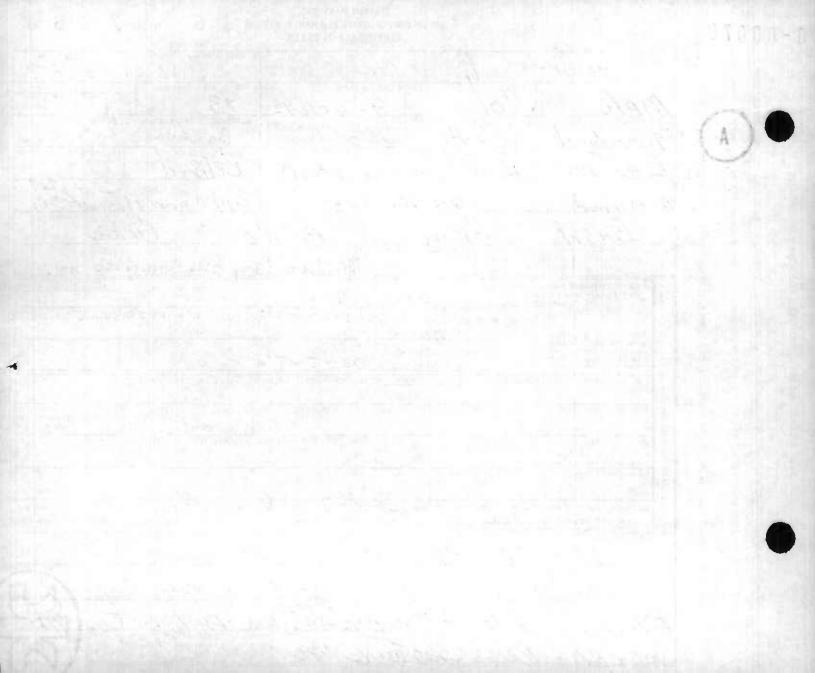
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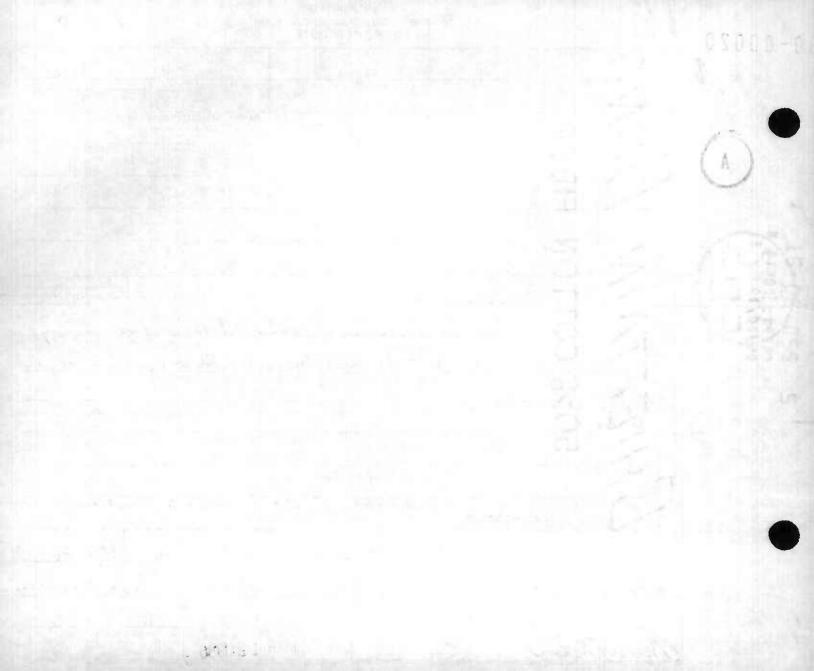


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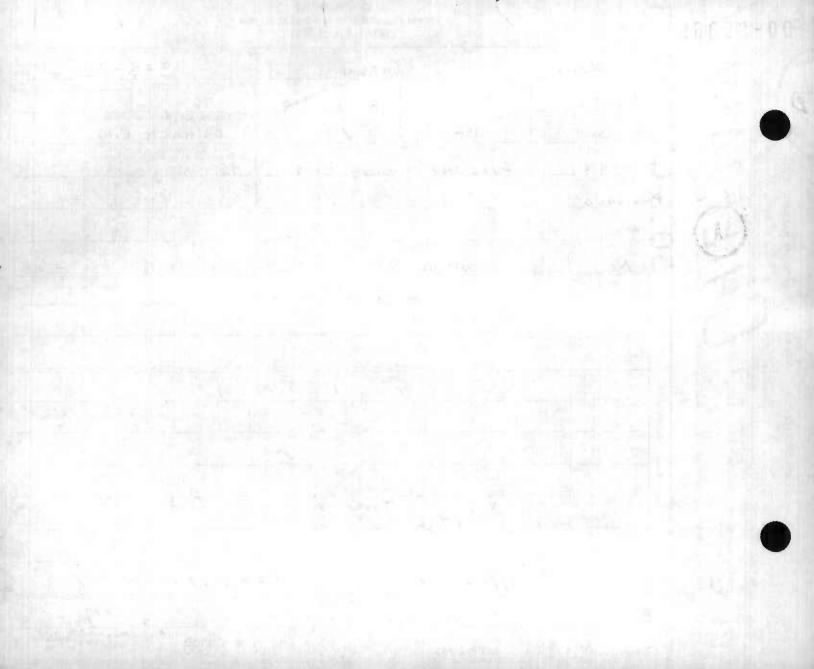


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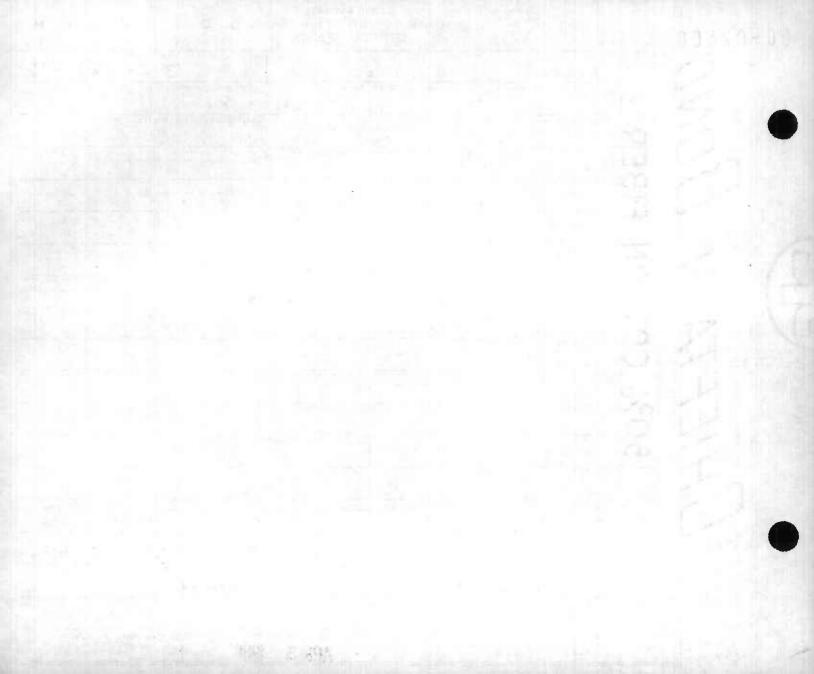
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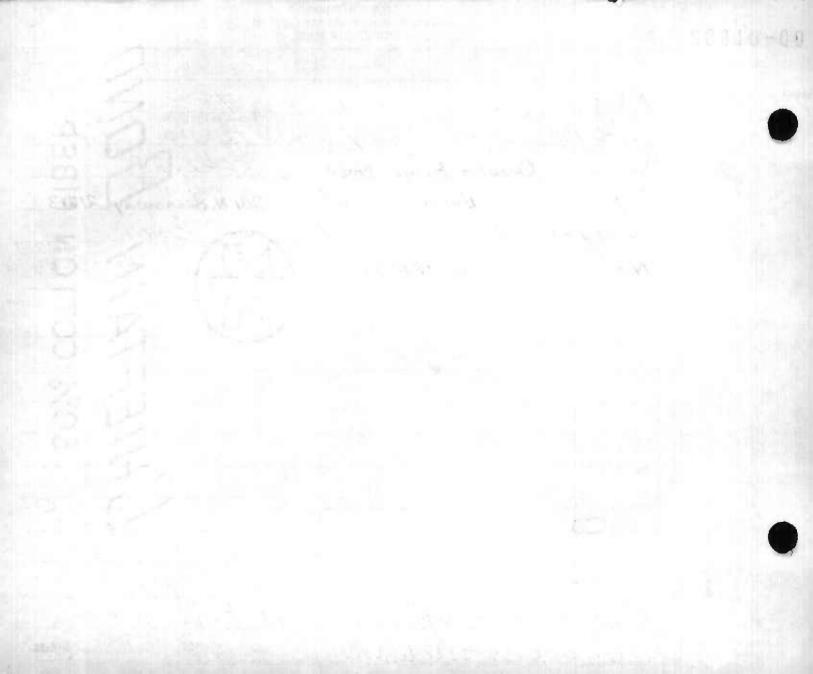
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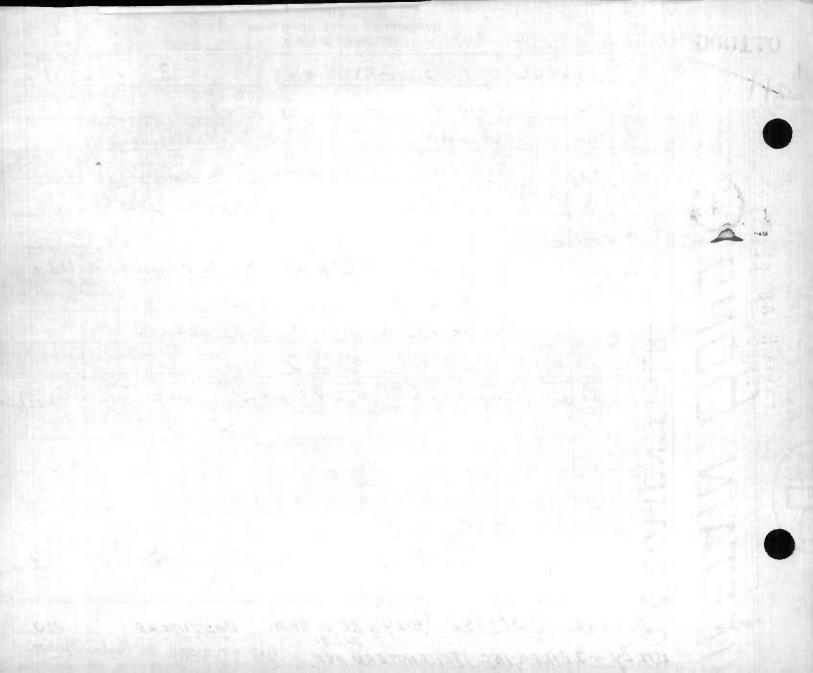


STATE OF MARYLAND

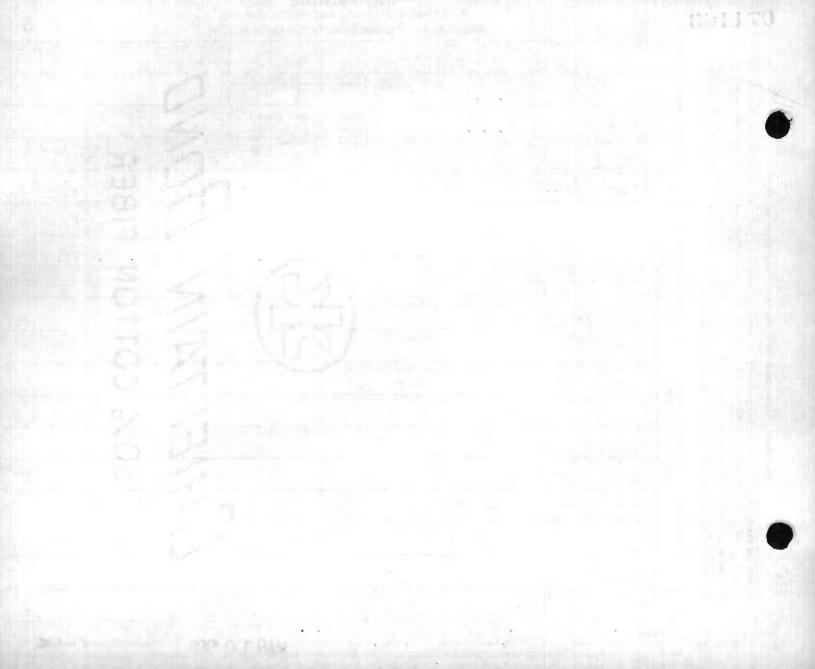








STATE OF MARYLAND 071163 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-Edwin VOIGT Griffin DEATH MATED 10 86 4 RACE 3. SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. **IF UNDER 24 HRS** DATE LAST BIRTHDAY RONOUNCED Malo White Dec. 9,1895 10 86 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Maruland U.S.A. WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDESERVERY Pairy Route Man Dairy Baltimore 787 Linnard St. USUAL RESIDENCE (IF Maryland 13. STREET ADDRESS 787 Linnard Street 13d INSIDE CITY LIMITS? Baltimore 21229 NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Clara Delphey Griffin Harry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 55 Upmanor Road 212-18-9873 Edward C. Foy Baltimore, MD. 21229 No CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Chronic Obstructive Pulmonary Disease 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? YES NO K 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK STATE 27a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion TO MEDICAL EXAMINE
EXECUTE THE CERTIFICY
PAGE 4 SHOULD BE FA
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALTIMORE, MARYLAN Natural couse / X death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3/7/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) 23 a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Burial 3/10/86 Druid Ridge Cemetery Pikesville Maryland 07/84 2 Lerrorge ARECTER Russell C. Witzke Funeral Homes P. A 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 25M DHMH - 17 1630 Edmondson Avenue, Catonsville, MD. 21228 his Navidron Randell (VR A15 ME (5))



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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APRO 2 1986

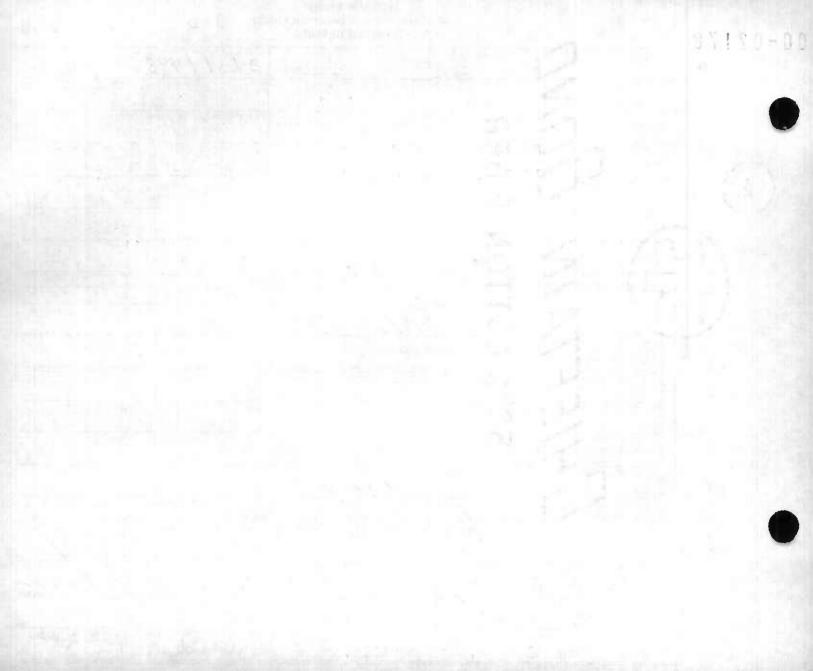
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1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	IRY IN ITEM IB PART	I OR PART ?}				
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		22a I certify that (1) (this haspi sow the deceased alive on above, (1) (we) (did) (did in	117100	n.	nd that in (my) (our) opinion	death occurred on the d	ote and hour o	nd from the	that (I) (v			
1		226 SIGNATURE	myn	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c DATE	186			
/		GENER	L HNG	or	3356 M	1 long	Di	11	56/	ne		
		URIAL CREMATION, REMOVAL BURIAL	04-03-86		emetery or crematory Cemetery	FOXVIL	le "	OUNTY	MD	TATE		

DHMH - 16 60M 7/84 (VRA 15, 4)

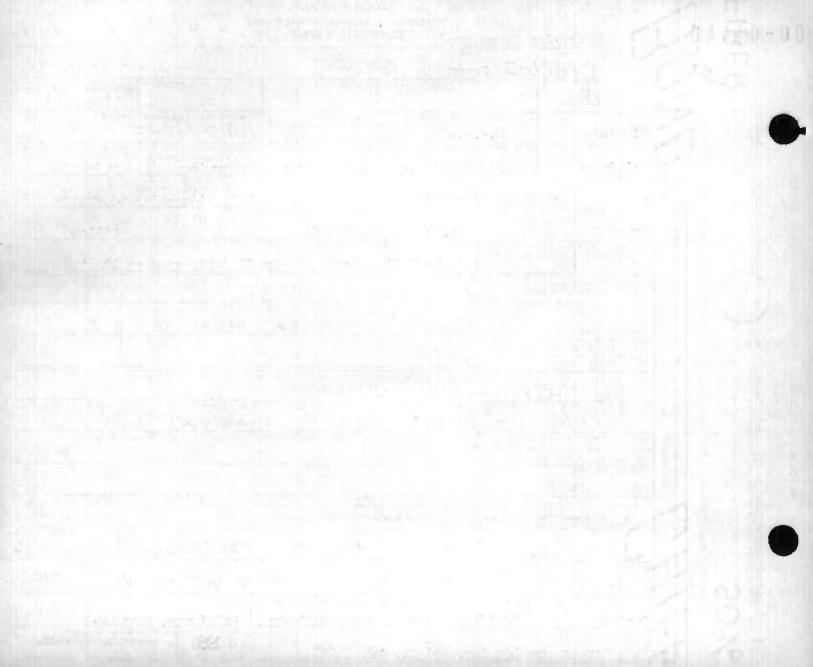
24 FUNERAL DIRECTOR

MacNabb Funeral Home, Catonsville, MD

BP.



	1				STATI	OF MARYLAND					
01440	1.	FOR STATE		DEF		EALTH AND MENTA		8 6	0 7	7 5	7 9
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201	10 C	TY OR TOWN OF DEA			IURSING HOME C	R OTHER INSTITUTIO		SUAL OCCUPATION OF WORK FOR MOST OF WOR		KIND OF BUS	SINESSOR
21	1	Baltimore				ical Cente	er Su	pervisor	S	hip Bl	da.
101	USU/ 130. S	AL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITUTION	134 CITY OF	E BEFORE ADMISSION)	13d INSIDE CITY LIM	ITS? 113 ST	REET ADDRESS / ZIP	CODE	4-4-17	200
20	M	aryland	Baltimore	Dunda		YES NO		04 Ridgesh		./2122	2
131	157	THER'S NAME	WIDGIE	1.0	ST	15 MOTHER'S MAIDI	ENNAME	WIDOLE		LAST	
12	0	Ernest		Grof		Maggie			P	illow	
THE P			N U.S. ARMED FORCES?	16b. SOCIAI	L SECURITY NO.	17 INFORMANT	15-70 I O	ADDRESS		7.5	
17	1	NO OR UNKNOWN)	THE TES. GIVE WAR ON DATES!	223/2	26/6822	Martha C.	Groff	(wife-same	e as l	3e.)	
15 E		18 CAUSE OF DEATH	l Enter only one cause pe							APPROXIMATE BETWEEN ONSET	INTERVAL AND GEATH
000		PART I. DEATH W.	AS CAUSED BY: IMMEDIATE CAUSE (a)	REST	PRATOI	24 ARR	EST				
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1 17	CAT	19a DATE OF OPERAT	19h CONE	DITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY? 20b	IF YES, WERI	E FINDINGS	USED
info	CERTIFI	1/28	186 (L)	PIVE	OMOIT	TORAX	YES		YES [0 🗆
	18	210. ACCIDENT WAS UND		OF INJURY	H DAY YEAR	216 HOW INJURY C	OCCURRED (E	NTER NATURE OF INJURY IN IT	EM 18 PART 1 OR	(PART 2)	
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3 3	MEDI	21d INJURY OCCURR		OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION	MILE STATE	CITY OF TOWN	co	UNIY	STATE
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O.E.		220.1 certify that (1)	(this haspital) attended t	he deceased	from3./	2.2 19	86 , to	3/22	19	86, that	(I) (we) lost
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10 ag		77% SIGNATURE	-	11	+	DEGREE			22	C. DATE SIGN	VED ;
9		Chris	Time C.	Har	ler	MD ATTEND	ING MED	CTOR PHYSICIAN	a l	3/22	2/86
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# 80	18	CHRIST	THE U.	HAI	RTER	F.S. KEY	4940	EASTERA) AVE		21224
13	23a 1	BURIAL, CREMATION,	REMOVAL 236 DATE		23c NAME OF C	EMETERY OR CREMA		LOCATION			
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ge 4 mp	3 SE	Male		White		S. DATE C		1'917	6. AGE 11N YEA	-	MONTHS DAY	
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03	9	Otto	ĩ	NODLE		nert		MAIDEN NAME		L'.	Porsi	nger
d des		VAS DECEASED EVER		MED FORCES?	213-16	SECURITY NO.	17. INFORMA	s N. Co		ADDRESS	TUMB.	Bldg. 2120
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DIRECTOR: All		220 1 certify that (ly saw the decease abave, (lytwe) (d 22b. SIGNATURE	d alive on _ id) (didyes)	March view the body	19 after death.	. 19 <u></u>		, 19 <u>86</u> (aur) opinion o		rch 19	19 <u>86</u> d haur and fram t	that (K (we) last he causes stated TE SIGNED
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should be del with the State	0.0	Ramesh S			D.						Hospita.	7
	230 1	SURIAL, CREMATION, I SPECIFY) Cremation	nemoval 1	3/22	/86	Greenm	ount Cr		23d LOCATI	on Itimore	COUNTY	Md. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Mitchell-Wiedefeld

24 FUNERAL DIRECTOR

6500 York Rd.

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00-0006	T	FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6	07581
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t 15 5	7	Md	IISA	WIDOW		BALTIMORE CI	TY MD.
5	190	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	1	BALTIMORE	JOHNS HOPKINS		AT.	Type of work for most of working L Unemployed	IFE) INDUSTRY
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p du p		James	L. Gri	ffin	Cecelia	MIDDLE	Matthews
To so los		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS	
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OR to bolk of the bolk of them		22h SIGNATURE	1	- n	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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TO HOSPITAL retained by the TO FUNERAL should be detained with the State IMPORTANT: If			PARB ONE		Johns 600	Tapking 1212	05721
She she	230.	BURIAL CREMATION, REMOVA		23c NAME OF	EMETERY OR CREMATORY	23d LOCATION	
BP		(SPECIFY) Burial	3/14/86		n Forest Vet	Owings Mills	COUNTY
		UNERAL DIRECTOR			25g DAT		TRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		William C. Marc	h F/H West 43	00 Wabas	h Avenue	WIN 12 1000	

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041	1. DEC	FOR STATE REGISTRAR CEASED NAME FIRST	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	7 5 8 2 Y YEAR 26 HOUR	
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A ST House		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City Baltimore City	DE DEATH	
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11/30	Jo	THER'S NAME FIRST DSEPh	Grottendick		15. MOTHER'S MAIDEN NAME FIRST Barbara	WIDDLE	Lautner	
s. Pages			ARMED FORCES? 166 SOCIAL SECTION OF SOCIAL SECTI		Margaret Mc	ADDRESS CGuire Grottendick		
g physici conpaper remaval.			only one couse per line far (a), (b), a) SED BY: ATE CAUSE (a) UAP DIO	RESPI	RATORY A	erest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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to FunERA should be de with the Stat		Oscar Mendez			900 S. Cator	Avenue Balto., M	d. 21229	
P		Burial, Cremation, Removished Burial			emetery or crematory thedral		alto. Md.	
H - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR NAME NOTOSE Funeral	Home Inc. 1328	Sulphu		AR 1 0 1986	AR'S SIGNATURE	

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Later Teston, T.T.

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BP DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIAL

24 FUNERAL DIRECTOR

HARRY W. HAIGHT SYKESVILLE, 21784 MD

SPRINGFIELD CEMETERY

guina Daydoon-Randalle

CARROLL

SYKESVILLE

8:05

21784

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STATE

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Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 786. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY STATE and that in (my) (auc) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY CITY OR TOWN Most Holy Redeemer Baltimore Burial City Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Loring Byers Funeral Directors, Inc. who Davidson gandell 8728 Liberty Road Randallstown, Maryland 21133

26 HOUR

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poge.	3. SE)	MARI	E GARDNER		CHOWIAK OF BIRTH	6. AGE (IN YEARS LAST BIRT	3/ 16/ 86 HDAY) F UNDER 1 YEAR F	M F UNDER 24 HRS
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athin rely 2 shi		THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN N			
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ond co	(1	/AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (1F YES, G	RMED FORCES? 166 SOCIALS	SECURITY NO.	MR. ANTHONY	GARDNER GRZE	52 O'DONNELL S CHOWIAK	ST. 2122
physiciar npapers. maval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), (b) ED BY:		piratory	Arres-		TE INTERVAL SET AND DEATH
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by the hosp BAL DIREC ERAL DIREC Stote Dept of NNT: # frem		27b. SIGNATURE 27b. SIGNATURE 22d PHYSICIAN'S NAME (1YPE	G. Carly	oh,	DEGREE	MEDICAL STAF	P 22c. DATE SIC	
TO HOSPITAL of retained by the TO FUNERAL E should be detained by the March the Stote E IMPORTANT: #		Debra	G. Carlton		3411 Ba	nk St.		
	(URIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		BURIAL	3/19/86	SACRED	HEART OF JEST		E CO MARYLAND 256. REGISTRAR'S SIGNATUR	nC .
DHMH - 16 50M 4/83		NAME	ADDR			MAR 1 7 198	DE RECISIRAR SSIGNATUR	
(VRA 15, 4)		KACZOROWSKI FUN	VERAL HOME 2525) FLEE	ST. 21224	HILLIAN - 1 100	- 0	

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		EASED NAME			WIDDLE	·		LAST			OF E DEATH M	ESTI-	MONTH D	DAY YEAR	26. HOUR
A SERVICE OF SERVICE			Marie		R.			ınzelr						0/19 86	***
RRY, REAS DIRECTOR 672 HOUR ON STREET	Fell	nade	White	Nov. 18,1	90.7	78 Y	Y) MONT		IF UNDER		PRONOUNCE DE AD		4/ 1/	/ 19 86	10:45 AM
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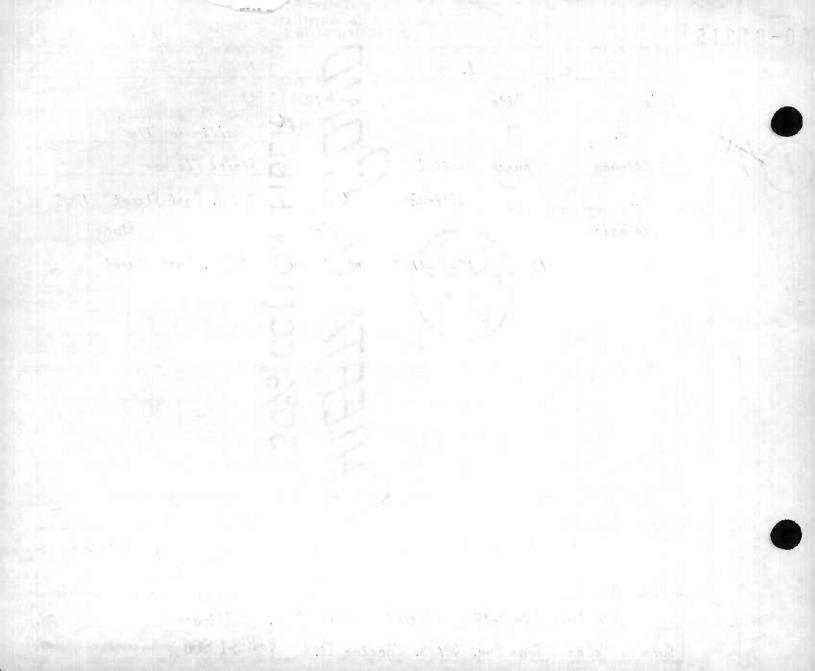
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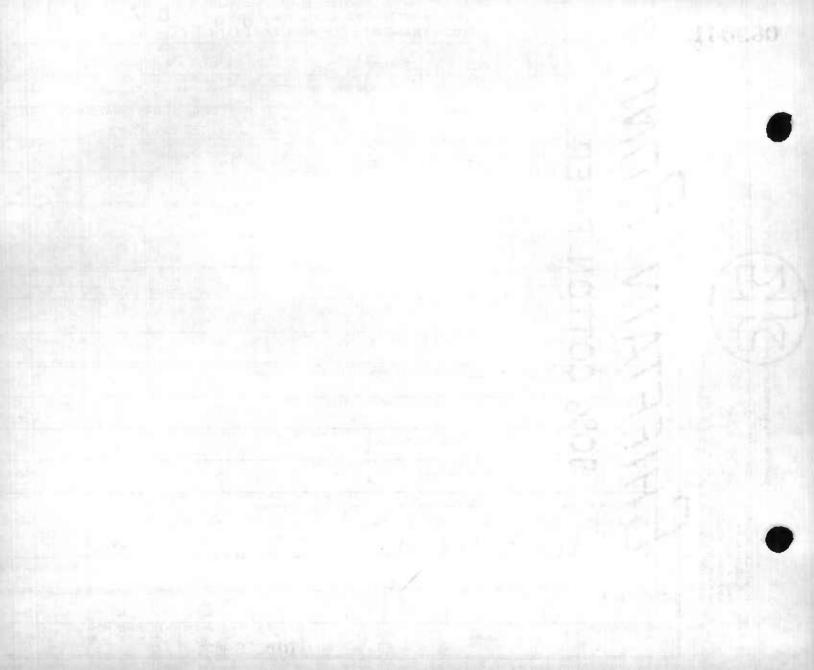
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0-01915		FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG	G. NO.	7 5	8 9
1 74		CEASED NAME FIRST OR PRINT)	ONECH	L.	0	AST	MARCH		86	26 HOUR 8:00AM
do the d	M	ile	RNEST White		Jun.		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	81	RTHPLACE (STATE OR FOREIGN COUNTRY) Md.		WHAT COUNTRY?	0	D NEVER MARRIED	9 BALTIMORE CI	_	Y OF DEATH	MD
MA	300	TY OR TOWN OF DEATH	UF NOT IN SH	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR M Street		F BUSINESS OR	
1 33	USU.	AL RESIDENCE (IF NURSING HOM			N	13d INSIDE CITY LIMITS?	13e STREET ADDRI	SS / ZIP COD	reet 2	1205
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w require, that been signed by ed. Then please ring to buried, or my monty, or other	INCATION	PART 2 OTHER SIGNIFICATION	nt conditions <u>c</u>		DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR (20b IF YE	S, WERE FINDI	NGS USED
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TTENDING pital or or CIOR. After for use of it of Health a		22a I certify that (I) (his has sow the decessed alive above, (I) (we) (dish identity)	ospital) ottended to MARCH	he deceased from 27	EBRU 86。	ARY 17, 19 86 and that in (my) autopinion of				that (I) (last
PTAL OR A by the hos RAL DIREC Shute Dept		226. SIGNATURE A	. J. H	elou, n	4	DEGREE ATTENDING PHYSICIAN [122e ADDRESSCHURC]	DIRECTOR PH			SIGNED
O HOSP Housed 1 O FUNE House be WPORTA		A. J. HELO	J M. D.			100 NORTH B	ROADWAY			MD. 212
BP		SURIAL, CREMATION, REMOTE CREMITE (TRANSPECIFY)				W Memorial Pk	23d LOCATION CITY OF TOV BULLING EREC'D. BY REGIST		COUNTY	STATE Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		ohn M. Weben	& Sons 91	nc. 401 S.	. Che	ster St.	AAR 3 1 19	86 guina	TRAK'S SIGNAL	Apadate.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE KNOWN X MONTH DECEASED NAME JOYCE 7h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 3-4-86 **GWALTNEY** JUDY) 4 RACE AGE (IN YEARS SEX DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DAY 2d HOUR 2c DATE LAST BIRTHDAY) PRONOUNCED 9:59A 3-4-86 1945 DEAD female black 40 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md USA WIDOWED [DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY UnempToyed Baltimore North Charles General Hospital SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 130 STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 2031 St Paul Street 21218 M Baltimore NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIGDLE Robert Gwynn Susie Blankenshin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 218-44-2478 JoAnn Watkins 3708 Cottage Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Pelvic inflammatory disease with peritonitis IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GLATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION USED AS AGE 3 SHOULD BE USED A AGE 3 SHOULD BE USED A AGE 3 SHOULD BE USED A ATT DEPARTMENT OF HEA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BODY ONLY 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: 11
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; PATER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remain BODYed ONTE hald an Autapsy Inspection Inquiry and in my apinian Natural causes Suicide Hamicide _ Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 3-4-86 SIGNATURE EXAMINER'S NAME Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) Margarita A. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Anne Arundel bMª Cedar Hill Cemetery Burial 3/8/86 07/84 BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** William C. March F/H West 4300 Wabash Avenue (VR A15 ME (5))

STATE OF MARYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

d	-	REGISTRAR		CERTIF	CERTIFICATE OF DEATH & REG. NO.								
1		EASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR			
1	(1112)	GEORGE	J.	H	ALEY		3	12	86	м			
1	3 SEX		4 RACE	S. DATE (6. AGE (IN YEARS LAST BI	THDAY)	MONTHS	ER I YEAR	IF UNDER 24 HRS			
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-	10 CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b	KIND O	F BUSINESS OR			
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-	13a. S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN		CE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CO						
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	14 FA	THER'S NAME		AST	15 MOTHER'S MAIDEN N	NAME							
2		GEORGE	HAL		NANNIE	MIDDLE		T	ACKE				
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Ý	(4)	NO.	E WAR OR DATES) 217-0	5-1016	JANET M. HAI				AND	21218			
Н		18 CAUSE OF DEATH (Enter on				3712121101				MATE INTERVAL			
9		PART I. DEATH WAS CAUSE	D BY:		t July	2							
Н	-	(MMEDIA)	DUE TO, OR AS A COM		V			- 1					
		Conditions, if ony, which	(;b)	CYZF				- 4					
1		gove rise to immediate couse (a), stating the	DUE TO, OR AS A COM	ISEQUENCE OF	^								
-	-	underlying couse lost	DOE TO, OR AS A COL	BB									
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION	IVEN IN	PART 11e				
9	O												
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9	TIFIC					YES T NOT		YES T	CAUSES	OF DEATH?			
3	CER	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM II	8 PARTION	PART 21				
1		OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	16-3 (C.) 15								
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1	W	WHILE NOT WHILE	(AT HOME STREET, FACTORY	OFFICE FARM, ETC.)	STREET	CITY OR TO	WN	CC	YTMUC	STATE			
1		22a.1 certify that (I) (this hospit	tal) attended the deceased	from	19.1 94	3 to 3	-12	10 8	6	that (I) (we) last			
		sow the deceased alive on	3-12	-10 BP	nd that in (my) (our) apinio	on death occurred on the d	ate and h	our and f	rom the	causes stated			
		obove, (I) (we) (did) (did no	view the body after death		DEGREE				C DATE				
		01	mules	~ V	ATTENDING	MEDICAL STA	FF			14-86			
		22d. PHYSICIAN'S NAME	R PRINT)		22e. ADDRESS	PHYSIC	IAN []						
		John F	Huch	5m	Frescot	+ Ken M	100	20	A-				
-	22 PI	URIAL, CREMATION, REMOVAL	236. DATE	I 22. NAME OF C	EMETERY OR SPENANCE			~ _	1 4	•			
		PECIFY			EMETERY OR CREMATOR	CITY OR TOWN		COUN	ITY	STATE			
1	24 BH	BURIAL	3/18/1986	15t. Jame	es Bapt. Ch.	ATE REC'D, BY REGISTRAR	Fau	iquie	r. V	irginia			
		UFTERE & SONS FU				72.00	130 KEG!	SIKERIA	TAPROSE	JKE			
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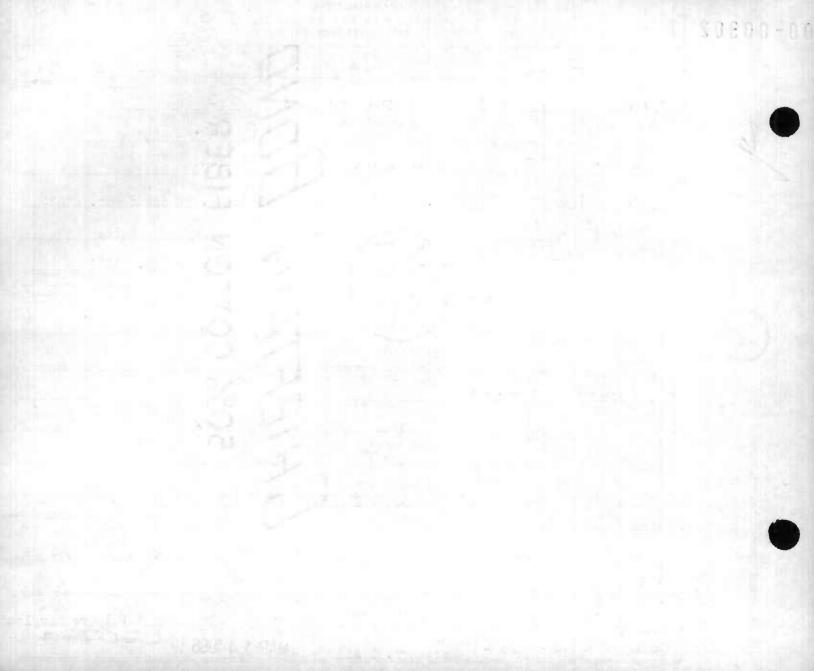
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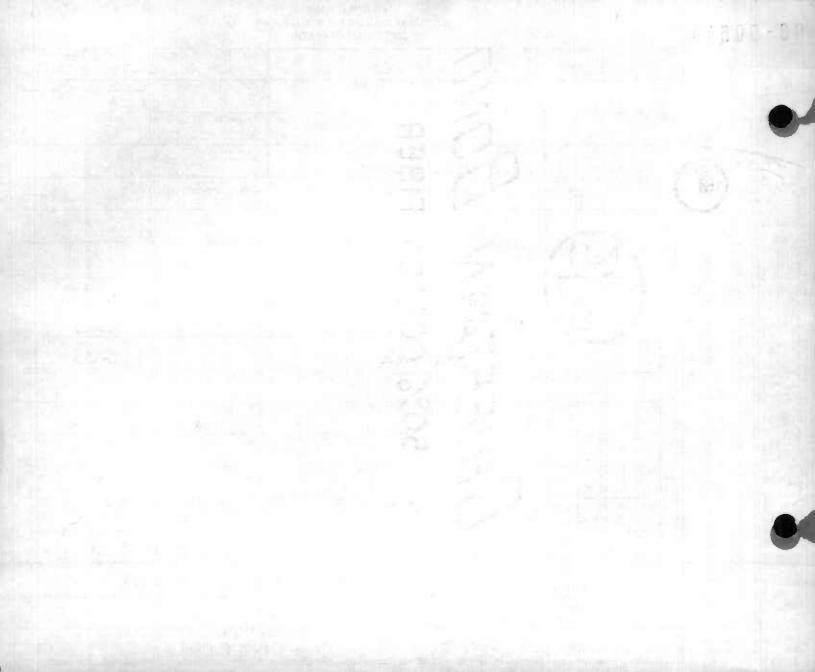
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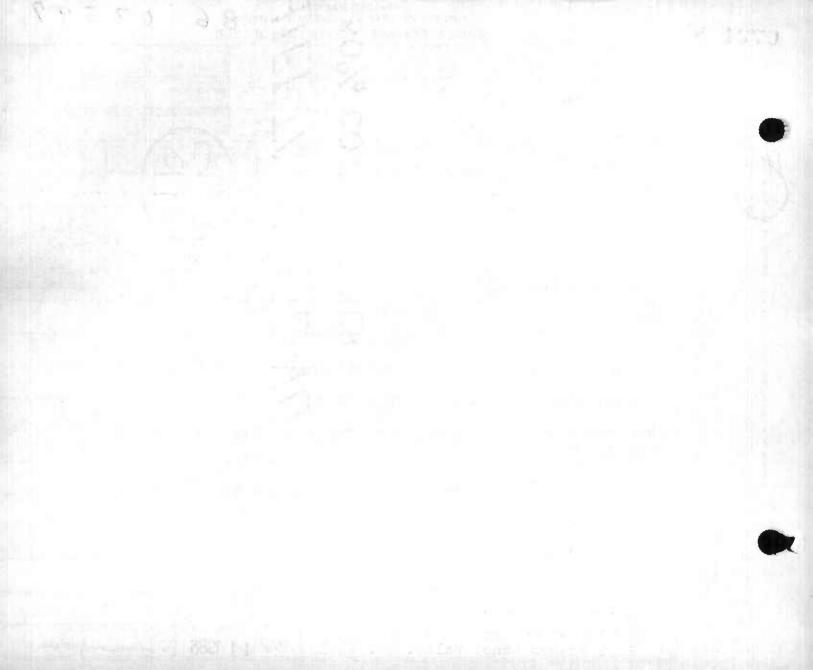
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of shoot shoot	23n F	BURIAL, CREMATION, REA	AOVAL I	23b. DATE		3c. NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION			
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DI	24 FI	JNERAL DIRECTOR		3/13/	00	HOLLY	1111 Cemet	Sa. DATE R	REC'D. BY REGISTRAR	25 PREGISTA	ARIS SIGNAT	re Maryland
DHMH - 16 60M 7/84		010.045	0 20 - 1	11	ADDRE	SS	0.1001	MAR	1 4 1986	gula li	avidson-i	Manager
(VRA 15, 4)		onnelly Fun	erai	Home 3	ou Mac	e Ave.	21221	IAILALA	7 7 1000	<u> </u>		





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DEATH PARTY OF VIEW	/		chard	Α.	Ha			lizabeth	Welsh
W. PRESTON ST., BALTIMORE, WITHIN 24 HOURS AFTER DEATH PENCIL IN ITEM 18. GIVE PAGES I MINIRE ALONG WITH FORM PI TRANSIT PERMIT. PAGES I RAND ENTAL HYGIENE, DIVISION OFWITH OR REMOVAL.	160, V	VAS DECEASED ES, NO, OR UNKNO NO	EVER IN U.S. AR	(MED FORCES? E WAR OR DATES)		0-8888	Elizabe	th Hatton (mot	328 Ramona Ave
HOURS M 18. G WIT PURS MMIT. P.		18 CAUSE OF	DEATH (Enter or	nly ane cause per li	ne far (a), (b), and	(c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON S MA HO ONG ONG MERW	66	FARITUE		TE CAUSE (a)	Hang				
PRESTON THIN 24 H THIN 24 H ALON ANSIT PER AL HYGIEN REMOVAL	- 1	Candition	s, if any, which		R AS A CONSEQ	JENCE OF			
W. PREST D WITHIN PENCIL IN MINER A - TRANSIT ENTALHY OR REMC	-	gave ris	e ta immediate	(b)	R AS A CONSEO	IENICE OF			
XECUTED VG" IN PECUTED AG" IN PECUTED AGE EXAM. BURIAL - AND MEN ATION, C		lying caus		(c)	A A CONSECU	DENCE OF			
RECORDS, 201 W. PR LD BE EXECUTED WITH PENDING" IN PENCIL MEDICAL EXAMINE AS A BURIAL - RRAN FALTH AND MENTAL FALTH AND MENTAL CREMATION, OR RE	z	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO OFAT	N BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION GIVEN IN P	ART 1 (at)	
A LEBRIT OF	CERTIFICATION	19a. DATE OF	OPERATION	19b CONE	ITION FOR WHIC	H OPERATION	WAS PERFORMED?		2D AUTOPSY?
F VITAL I	Ě								YES NO 🙀
O HE WAR			L CAUSE WAS WOR IG CAUSE OF	The two	MEMONTH SAY	YEAR 21c		ED LENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
BIVISION O S CERTIFICA RITING THE E 3 SHOULL E DEPARTM	MEDICAL	CONTRIBUTION			of INJURY (AT		oject hange	d self	
DIVISION OF VITA R: THIS CERTIFICATE SHO VIE, WRITING THE WORD SEWARDED TO THE CHI R: PAGE 3 SHOULD BE US E. STATE DEPARTMENT OF DI. 21201 PRIQR TO BURIL	ME	WHILE AT WORK		STREET, FA	ement		5 Fernley	COLLEGE DE LA COL	COUNTY STATE
E TH TE, W RWA E PA E STA D, 211				ge of the remains d					
A THE CANE		death resulte		ral causes ,	Accident	Suicide		an [X], Inquiry [], and in	my apinion
ERTI ERTI PILO B DIRE WITH WARY			Ma	1	0 11	-00	TITLE (SPECIFY)	overlanding mountain	
K. W. H. Y. W.		ACTUAL SIGNATURE _	WW	una	Marca.	rull	M.D. Assistan	MEDICAL EXAMINER	DATE SIGNED 3-9-86
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PRAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STABBATTIMORE, MARYLAND, 2	1	EXAMINER'S N	NAME	Margar:	ita A. Ko	orell,M.	Danass 111	Penn Street	
PAPE PAPE	23a.Bl	JRIAL, CREMAT	ION, REMOVAL				OR CREMATORY	IZZZ LOCATION	
BP	(5	Buria		3/12/8			f Faith	Baltimore	Md.
DHMH - 17	24 FL	INERA BREG	munek :	Funeral	Home,	Inc.	25a. DATE	REC'D. BY REGISTRAR 256 REGISTR.	
(VR A15 ME (5)) 15M 2/80		3331	Brehm	s Lane,	Balto.	Md. 2	1213 MAF	7 1 1 1986 Fretia Das	ridson-Mandelle



HILL MAR

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(VRA 15, 4)

91919-91 TANAMUTAR.

0 0	-00641		1-	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGIE		O	160	01
		1	DEC	CEASED NAME FIRST		MIDDLE	L.	AST	200	20. DATE OF DEA		DAY YEAR	26 HOUR
	may be page 3	Do		Gr	ace	P.		Hamilto	n	Ma	rch 1	7,1986	5:50 AM
	4 ma		3 SEX		4 RACE		S. DATE O		YEAR -6	AGE IN YEARS	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
2	age lirect			Female RTHPLACE (STATE OR FOREIGN	Whit			ch 4,18		9.3	YR:		
	rol of 72 ho	SI		OUNTRY)	76 CITIZEN O	F WHAT COUN	MARRIE	NEVER MARE	RIED 🗆	BALTIMORE	ITY OR COUN	NTY OF DEATH	
	dea fune thin	4	10 CI	altimore IY OR TOWN OF DEATH	II NAME OF	I.S.	WIDOWE	R OTHER INSTITUT				re, Cit	
	the dwi	4	10. 01	TOR TOWN OF DEATH	(IF NOT IN SI	UCH FACILITY, GIVE	STREET ADDRESS)			120 USUAL OCC	MOST OF WORKIN		OF BUSINESS OR
1201	n by	14		altimore AL RESIDENCE (IF NURSING HOME			Home In	С.		Homer	naker	I	none
ND 2	24 ha filled a	34	13a. S	TATE 13b CC	DUNTY	13c. CITY OR		134 INSIDE CITY L		3e. STREET ADDI	W. Mel:	rose Ave	. 21210
YLA	tely 2 sh			THER'S NAME				15 MOTHER'S MA	AIDEN NAM	E		LT SLIFE	
MAR	bud bud	00	R	obert	WIDDLE	Greas		Lilli	an	WIE	DDLE	Mitche	1 1
RE,	xecut nd co	7		AS DECEASED EVER IN U.S.		166 SOCIAL	SECURITY NO.	17 INFORMANT		- 1	ADDRESS		
TIMO	be ex			NO -	GIVE WAR OR DATES)	213-	74-1880	Wesley	Home	e Inc.	2211W		
ON ST., BA	b certificate			18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU IMMED	JSED BY HATE CAUSE (a)_	or AS A C	pirator	Fai	ilmo	3		APPROX BETWEEN	ONSET AND DEATH
RESTO	de at	7		Conditions, if any, which gave rise to immediate	((b)	146	neumor	iici				Ť	weeh
W. PR	that the d by the lease rial, creft			cause (a), stating the underlying cause lost.		OR AS A COM	EQUENCE OF	destruc	tive	Pulma	y Du	ease ye	lars.
ECORDS, 20	requires en signed Then pli or to burit		TION	PART 2 OTHER SIGNIFICAN					27	AL DISEASE OR	MONDITION	GIVEN IN PART 1	a,
AL RECO	The law ion.	2	CERTIFICATION	190 DATE OF OPERATION		DITION FOR W	HICH OPERATION	N WAS PERFORME		YES NO	IN CER	YES, WERE FINDI RTIFYING CAUSES YES [NGS USED S OF DEATH?
OF VIT	CIAN: I physic rtrificat of-trans tal Hygi	6	ICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY	Y OCCURRE	D (ENTER NATURE (METI NI YRULNI PO	18 PART I OR PART 2)	5 E 1 S S S S
DIVISION OF	PHYS I	/	MEDIC	21d INJURY OCCURRED	21e PLACI	E OF INJURY		211. LOCATION		5.00	OR TOWN	COUNTY	STATE
IVIS	after the thought hong		×	AT WORK NOT WHILE	(A) HOME S	STREET, FACTORY, OF	PFICE, FARM, ETC J	SIREET		Cit	f OR TOWN	COUNTY	STATE
L	NOIR AND SE AND			220 I certify that (I) (this ha				10/4 1	9 80	_, to	3/17		that (we) last
	ATTE aspirt CTO d for t. of			saw the deceased alive abave (1) (we) (did) (did	not view the bad	ly after death.		d that in (My) (aur)) apınıan de	ath occurred an	the date and l		
	At OR At DIRE		'n	226. SIG Pales	E. 12	ly	M.D.	DEGREE ATTEN	NDING X	MEDICAL DIRECTOR P	STAFF HYSICIAN	3-1	7-86
	etained by to FUNERAL should be de with the Stati	1		ROBERT	ROBY	(Im.	D.	27e ADDRESS 8817	Bel	on R	d,	7/23	36
	Of of w		230 B	URIAL, CREMATION, REMOV	AL 236 DATE	1	23c NAME OF CE	METERY OR CREM	AATORY	23d LOCATION			
	BP		B	urial	3-19	-86	Druid I	Ridge	1110	Pikesvi		1timore.	Maryland
	DHMH - 16 50M 1/8	1		NERAL DIRECTOR					250 PATE	KEC.D BA LEGIE	TRAR 256 REG	ISTRAR'S SIGNAT	URE
	(VRA 15, 4)		Mi	tchell-Wiedef	eld Home	6500°Y	ork Road	21212			-		W. Blandin

majorn, eronicia officera in the after 11- aqueleld came useD= ord load 21st2

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

O	0
	DEC

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REGISTRA	AR					REG. NO).			
(TYPE OF PRINT)		0	AIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	. 1
(TITE ON PRINT)	DAVI	9	E . H	ANK	(117	03/12/	1986		5,35	M
3 SEX		4 RACE	Land,	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER TYEAR	IF UNDER 24 H	IRS
MALE		WHITE		SEPT	. 11,1899 ^{EAR}	86	YRS	DAIS	HOURS M	IN.
			WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH		
DELAW	ARE	USA		WIDOWE	_	BALTIMORE	CITY			MD.
10 CITY OR TOW	VN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST O	ON 12	L KIND O	F BUSINESSI	or A
BALTI	MORE		ARLES GEN		P	MERCHANT			LMENT	
USUAL RESIDEN 30. STATE	ICE (# NURSING HOME OR		GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE 15	ST FI		
MARYL			BALTIMO		YES XX NO	6518 PARK			21215	
14 FATHER'S NA	ME	AIDDLE	LAST		15 MOTHER'S MAIDEN NAM					
	RRY	HANK			FANNIE	WIDDLE	IINK	VOWN		
160 WAS DECEA	SED EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECU	RITY NO.		AMUEL IVERY			OF	
NO NO OR UN	(IF YES, GIVE	WAR OR DATES	216-10-8	368	GLOUCESTER S			2140		
	OF DEATH (Enter onl	v one couse per	line for (a) (b) one	110			1		MATE INTERVAL ONSET AND DEA	TH
PART I.	DEATH WAS CAUSED	BY: E CAUSE (0)	GA	NG-	RENE L	EFT F	つっせい	M	41	
underlyin	o), stating the groupe lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN	PART Le	a	
CERTIFICATION 150 THE CATION	OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h IF YES, WEI			
STIFIC						YES NO	IN CERTIFYING YES	CAUSES	OF DEATH?	
	ENT WAS UNDERLYING BUTING CAUSE OF DEAL	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART I C	OR PART 2)		
(IF EITHER	NOTIFY MEDICAL EXAMINER)		M.	19						
#	Y OCCURRED	21e PLACE (OF INJURY	ARM, ETC)	21 LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE	
WHILE AT WORK	NOT WHILE AT WORK			-	1			1		
	fy that (I) (this haspite	ol) ottended the	e deceased from	031	011,1980	10 03112	19_7		that (I) (we)	
obove	the deceased alive an e, (1) (we) (did) (did not	view the body	after death.	, on	id that in (my) (aur) apinion o	death occurred on the do	te and hour and	fram the	couses stated	1
226 SIGN	ATURE	1. 8	-		DE GREE ATTENDING	MEDICAL STAF		22c. DATE	SIGNED	2
224 DUVE	CIAN'S NAME LITTE OR	July .	M)	PHYSICIAN [DIRECTOR PHYSIC		3/10	011.	0 (
IZO PHYSI	A	M-RIA	_		TO ADDRESS NOR	The MAS	10	202	1217-4	1
		1310113			13ALTIN	JOK MD	2/21	1		1
230 BURIAL, CRE (SPECIFY) BU	MATION, REMOVAL	23b DATE			EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN			STATE	
BO	KIAL	MAR. 13	,1986 AD	ATH Y	ESHURUN (SODO	(VA) BALTIN	ORE	MAF	RYLAND	

BP.

TO HOSPITAL OR ATTENDING retained by the hospital or att TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval

marked ar Hem 18 shows

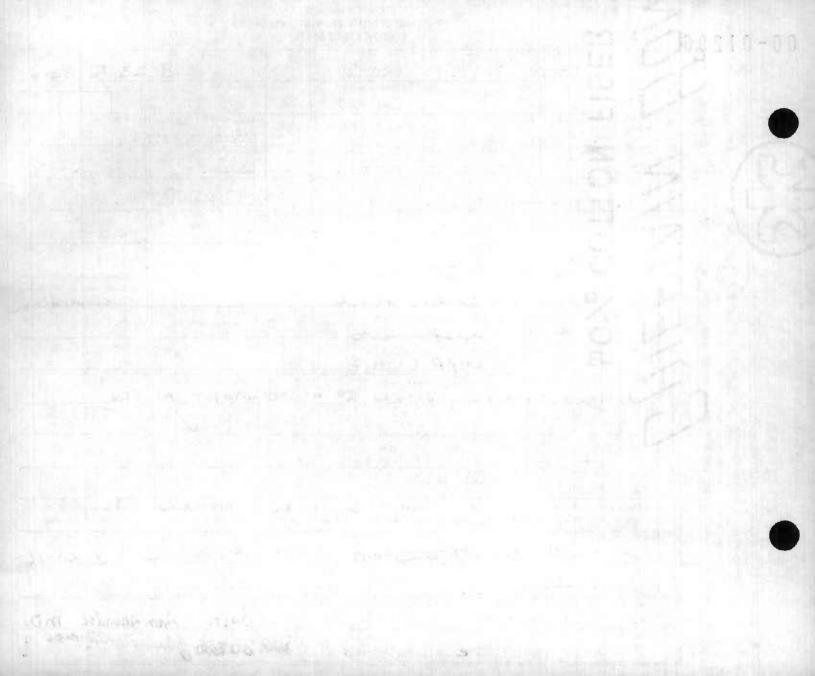
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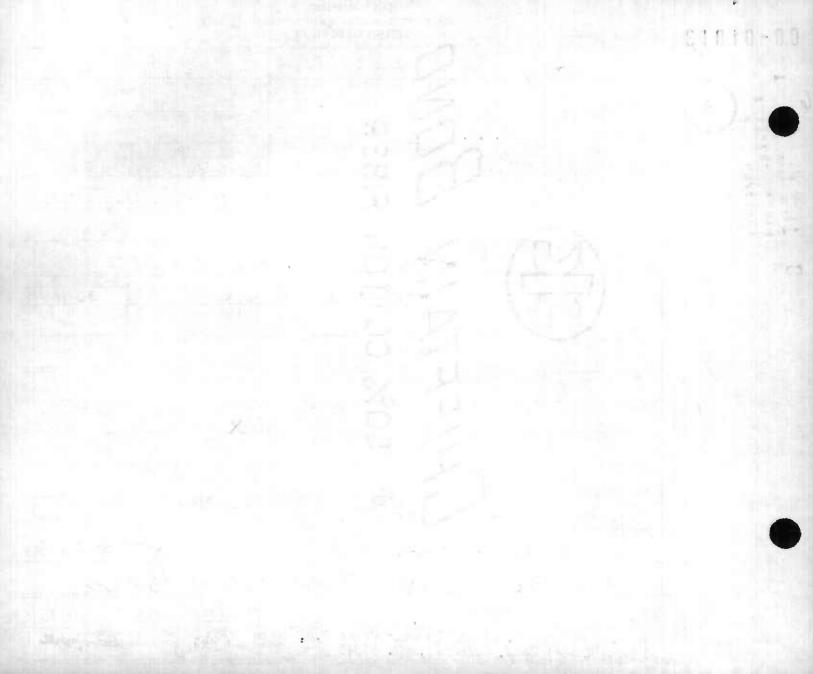
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. 21215 BALTO, MD

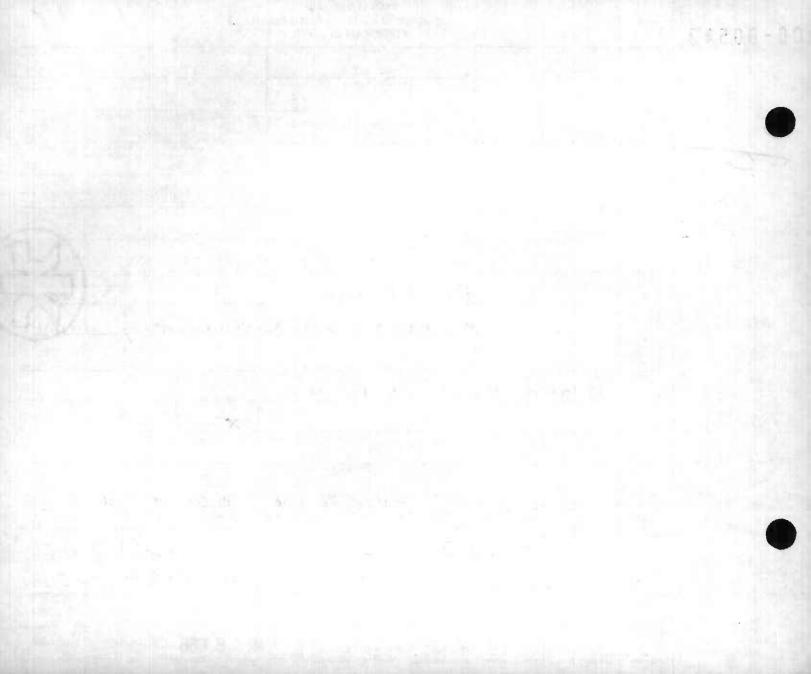
256 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAR 1 4 1986 - war agon forder

	FOR 1 - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 6 0	7 6 0 3
11296	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
G	1. DECEASED NAME FIRST	WIDDIE	LAST		DAY YEAR 26 HOUR
poge 3	ERN	EST S.	HANNON	3 2	13 86 3:20
rs ofter o	Male Male	White	Jan 18 ^{AY} 1912	6 AGE (IN YEARS LAST BIRTHDAY) 74 YRS.	MONTHS DATS HOURS
ou ou	6. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE CITY	OF DEATH
by the fu	10. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE UNION MEMORIA	NG HOME OR OTHER INSTITUTION TADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS INDUSTRY Balto. Cit
filled in I		TO OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO Balto.	RE ADMISSION)	13. STREET ADDRESS / ZIP CODE 2624 MikiMiles A	
2 sh	14 FATHER'S NAME FIRST Richard	MIDDLE Hannon	15 MOTHER'S MAIDEN N Victoria		Powell LAST
		ARMED FORCES? GIVE WAR OR DATES) ARMED FORCES? 166 SOCIAL SECTION SE		a 2624 Miles Ave.	21211
3 (P 2)	18 CAUSE OF DEATH (Enter	only ane cause per line for (a), (b), a	nd (c		APPROXIMATE INTERVA
on. hos been signed by th permit Then pleose re en prior to buriol, crer ene prior to buriol, crer	Couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 1206. IF YES	
certificate ricol-transi ental Hygi	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH [DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)
frer this as the bu	AI WORK AI WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		NWOT RO YII)	COUNTY STA
ECTOR Ad to the of the	saw the deceased alive	aspital) ottended the deceased from an march 33 19 and view the bady after death	& 6, and that in (my) (aur) opinion		
O FUNERAL DIRI O FUNERAL DIRI hould be detoche with the State Dep	Lornet	to Linthum	DEGREE ATTENDING PHYSICIAN 17e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3-23-9
Should b	LANNETTE LI	NTHICUM M.D.	UNION ME	MORIAL HOSPITAL	
		AL 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	





10-00543	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
, 0 0 0 0 1 0	1. DECEASED NAME FIRST	MIDOLE	LAST	29. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
oth oth	(TYPE OR PRINT) LOLA	_	HARDY	MARCH 14 1006	I
nay be page 3	3. SEX	J.	5 DATE OF BIRTH	MARCH 14, 1986	10:30M
Dof.	3. 567		MONTH DAY YEAR	MON	
age oge	F	В	10 10 25	60 YRS.	55.4711
2 ho 2 ho	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF	DEATH
deor deor	NORTH CARO.	U.S.A.	WIDOWED NORCED	BALTIMORE CITY	MD.
1183/852	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION et address)		12b. KIND OF BUSINESS OR INDUSTRY
	BALTIMORE	JOHNS HOPKINS		WAITRESS	
no A	UAL RESIDENCE (IF NURSING HOM 13b CC			113e STREET ADDRESS / ZIP CODE	
2(重量)2	MARYLAND	BALTI		806 ARLINGTON	AVE. 21217
1 10	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		
1000	KEMP	WATSO	N RUTH	MIDDLE B.	DAVÎS
S c cut	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SEC		ADDRESS	
n and c	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES) 224-3	0-2857 ARTHUR	WATSON 55 GLENV	IEW LANE
sicro pers ol	18 CAUSE OF DEATH Ente	only one couse per line for (a), (b), a	ind ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy mpo may	PART I. DEATH WAS CAI	JSED BY: PLATE CAUSE (a) Reno	al failure		4 Days
that the death that the attend by the attend ease remove ca al, cremation, a	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF TO OR OR AS A CONSEQUENCE OF TO OR OR AS A CONSEQUENCE OF TO OR OR AS A CONSEQUENCE OF TO OR	ntic Almocorcinon	na Of Unknown Primary	· Imonth
gned an pli buri		1	DEATH BUT NOT RELATED TO THE TER	minal disease or condition given	IN PART 11a
requer to a right	o mode	ein's Disease, 1	iver tailure		
The law ration. The law ration. The has been sit permit. Agene prior	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES TO YES TO	ERE FINDINGS USED G CAUSES OF DEATH?
N. Thysicio	210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART	
CIAN: TI physici artificate al-transi mtal Hygu	00.00.00.00.00.00.00		DAY YEAR		
HYSICIA ding ph ins certifi burial-th Mental	(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCATION		
G PH onter thr s the k	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
Se of the months		ospital) attended the deceased fram	FR 65 4 CM 20 19 86	10 March 14 19	86 that (I) (we) last
TEN Orfol Of Hs	saw the deceased alive	an March 14 19	and that in (my) (aur) apinia	n death accurred an the date and have an	d fram the causes stated
OK ATTE of hospite DIRECTO Doched for Dept. of them 21	226. SIGNATURE	nat) view the bady after death.	DEGREE		22c. DATE SIGNED
	Pogli &	8. Rlyment of	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/14/86
HOSPITAL ned by th FUNERAL Jid be dete the Stote	22d. PHYSICIAN'S NAME IT	PE OR PRINT)	22e ADDRESS	600 MOLFELST. O. L.	m0 212 - 5
CO HOSPITAL retoined by t TO FUNERAL should be det with the Stort MPORTANT:	Rogers.	Glumerital	Johns Hope	N HOSPHAI, BATT	1,10 2/203
BP	230. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY WESTVIEW		MARYLAND
	24 FUNERAL DIRECTOR		250 DA	ATE REC'D. BY REGISTRAR 256. REGISTRAR	S SIGNATURE.
DHMH - 16 60M 7/B4 (VRA 15, 4)	NAME	/H INC. 1101 E		MAR 1 8 1986 A	and ander



7	1 -	FOR STATE REGISTRAR		DEPARTA		H AND MENTAL H	IYGIENE D	REG. NO.		
	(TYPE	CEASED NAME FIRST	1/iAm	MIDDLE	H	ARE	2a DATE OF D	3/	5/86	B HOUR SM
-58	3 SEX	m	4 RACE		5. DATE OF BIR	DAY YEAR	6. AGE (IN YEAR			HOURS MIN.
KA		RITHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED DIVORCED	- P BALTIMORE	Salla	Y OF DEATH	MD.
70	10 CI	TY OR FOWN OF DEATH		HOSPITAL, NURSIN		HER INSTITUTION		CUPATION OR MOST OF WORKING L	FE) INDUSTRY	BUSINESS OR
in State	13a S	AL RESIDENCE (IF NURSING HO TATE 13b C	ME OR OTHER INSTITUTION	N GIVE RESIDENCE BEFORE	ORE YES	NSIDE CITY LIMITS	733 S	DRESS / ZIP COD	ING ST	21274
exa mine		THER'S NAME FIRST	WIDDLE	HARE		OTHER'S MAIDEN			ADISHE	LL
medicol		VAS DECEASED EVER IN U.S	S. ARMED FORCES? ES GIVE WAR OR DATES)			LEN D.	PRICE	ADDRESS 219 GR	EEN VII	21136
or other troumotic ev		Conditions, if any, whice gove rise to immediat couse (a), stating the underlying couse los	th (b)_ te DUE TO, (c)_	OR AS A CONSEQUE	ENCE OF					
injury,	NO	PART 2 OTHER SIGNIFICA	ant conditions <u>c</u>	CONTRIBUTING TO I	<u>DEATH</u> BUT NOT	RELATED TO THE T			VEN IN PART 11a	
shows ony	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION WA	SPERFORMED	YES X	IN CERT	S, WERE FINDING FYING CAUSES O ES []	
Item 18 sh		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.		HOW INJURY OCC	CURRED (ENTER NATU	RE OF INJURY IN ITEM IB	PART I OR PART 2)	
rked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY STREET, FACTORY OFFICE, F		LOCATION	/	CITY OR TOWN	COUNTY	STATE
21 is mo		22x I certify that (I) (I) saw the decoded all above, (I) is indicated	6 an 21	19_	86 and the	19	sion death accurred	on the date and ho		not (I) (we) lost ouses stated
T: If Item		27% SIGNATURE	Ver	De as	DEGR	ATTENDING PHYSICIAN		STAFF PHYSICIAN	22c DATES	GNED
IMPORTANT		224 PHYSICIAN'S NAME	PE OR PRINT)	1	22e	ADDRESS				
<u> </u>		urial, cremation, remo	DVAL 236. DATE			ERY OR CREMATO	CITY OF		COUNTY	STATE

24 FUNERAL DIRECTOR
ELINE FUNERAL HOME, REISTERSTOWN, MD.

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

9 30 1904 11 81

. A. . . W YTIL BROWLTINE

REVIEW SAC CERTTE

BALTIMURE 735 S. CONKLING T. 1254

HARE HARRIETT HADISHELL

215-00-2550HELEN D. PRICE REIERETUM, 21156

-URIAL S/10/06 EVERGREEN EUGRIAL THAKSBURG CARROLL MOS

LINE FUNERAL HOME, REISTERSTOWN, FD. MARKEL MAN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND ME CERTIFICATE OF DE		REG. NO.		
	1 DECEASED NIAME SHET -	MIDDLE	LAST /	2 a DATE O		DAY YEAR	2b HOUR
_	(TYPE OR PRINT) GOVIL	ERI	HISUN	2/5	3	19 86	715 PM
		1. RACE 141/1-	5. DATE OF BIRTH	2.3 6. AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	FEMALE	MALLE	MONTH DAY	YEAR	362 YRS	MONTHS DATS	HOURS MIN
4	70. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	TO CITIZEN OF WHAT COUN	MARRIED NEVER MA	PRIED 9 BALTIMO	ORE CITY OR COUNT	Y OF DEATH	
1	L'UY	USA		RCED E	soltimo	re lot	MD.
X	BALTO:	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITU	JTION TAKE	ACCUPATION OF THE PARTY OF THE	12b KIND OF	63/62
5	USUAL RESIDENCE (IF NURSING HOME OR I 130 COUN		YES N	10 22	ADDRESS ZIP CODI	o Roiz	APT. D
)	14 FATHER'S NAME SAM	AIDDLE G-LASS	MAN 15. MOTHER'S N	SI NAME	MIDDLE	SCHNE	DEN
	160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO 17. INFORMANT		ADDRESS APT	.0	
-	(YES, NO OR UNKNOWN) (IF YES, GIVE	084	05.385 Mrs. Je	anne Jaffe,	6659 Sanzo		(1209)
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DETECTION OF AS A CONS	SECHENCHOL ACCOUNTS	ONEXT	SE OR CONDITION GI	748	IATE INTERVAL
7	19a DATE OF OPERATION 2210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	WHICH OPERATION WAS PERFORM	AED 20a AUT	IN CERTI	S, WERE FINDING FYING CAUSES C	GS USED OF DEATH?
7			H DAY YEAR	RY OCCURRED (ENTER N			
-	ON CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTHINE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	211 LOCATION		CITY OR TOWN	COUNTY	STATE
	22a.l certify tha (1) this haspit	3/19	0/1	ur) apinion death occurr	ed on the date and how	-	nat (I) (we) lost auses stated
	17h SIGN TENDOLOR	bolis	PH	ENDING MEDICAL YSICIAN DIRECTOR	STAFF PHYSICIAN	220. DATE S	IGNED
	WALTER	Proof J	R 22.5	S. Green	25£ B	eet. 1	(b)
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	3/21/86	234 NAME OF CEMETERY OF CRE BETH TFILOH	CIT	Y OR TOWN	ALTO., M	ID.
		EVINSON & BROS	S	25a DATE REC'D. BY	REGISTRAR 256. REGIST	TRAR'S SIGNATU	RE
	6010 REISTERSTO	OWN RD. BALTIN	MORE, M D. (2121	5D MAR 24	1986 7	hundlen-N	at leafing

DHMH - 16 60M 7/84 (VRA 15, 4)

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		1		CEASED NAME	FIRST		MIDDLE		LAST		20 DA	TE KNOWN		DAY Y	EAR 26. HOUR
	L	7 8 8 8 H	1 "	LE OK LKINI I	Josep	oh		Ha	arris			OF ESTI-	□ 3/	/ 13/19	86 M
		ACE SE	3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN Y	ARS IF UI		IF UNDER 24		ATE OUNCED	HTMOM	DAY	YEAR 30 HOUR
	2	ON S	m	ale	black	8 13	1935 50 v	RS.	HS. DATS	HOURS		EAD	3/	/ 13/19	86 A M
	- 1	S NECESSARY, NEASE F FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, MITHIN 72 HOURS W PRESTON STREET,	7a E	OREIGN COUNTRY)	IATE OR	76 CITIZEN OF WH	IAT COUNTRY?	I. MARE	IED NEV	ER MARRIED	X	LTIMORE CITY	_		H
		Z N Z Z		Md	garage to a	USA		WIDOV		DIVORCED		Baltimon		and I	MD
6	1	PAGE FILED	10. 0	Baltin		(IF NOT IN SUCH FAC	PITAL, NURSING HOM CHITY, GIVE STREET ADDRESS) PENHILL AVE		ier institut	ION	POPMOST OF	CCUPATION (T	TYPE OF WORK	12h KIND C OR INC	DE BUSINESS DUSTRY
	21201	ANY DELAY IS N AND 3 TO THE FL RETAIN BE FILED.		AL RESIDENCE STATE Md	(IF IN NURSING HOME O		136 CITY OR TOWN Baltimore	ION)	13d. INSIDE CIT	TY LIMITS?	3e STREET AL 4203	Fernh	ill Av	venue	21216
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	NO	24 HOUR ITEM 18. LONG W PERMIT. GIENE, DI				E CAUSE (o)	Cachexi		d Deny	aratic	n				
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	RECORDS	PENDIN PENDIN MEDIC D AS A TEALTH CREW	NO		1354										
	AL RE	SHOULD BE EX OND "PENDIN CHIEF MEDIC E USED AS A E T OF HEALTH / URIAL, CREW	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION	AS PERFORA	MED?		3 = - 11	100	20 AUTO	PSY?
	VITA	38 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E	E			100				LATI				HEAD	KONLY -
	DIVISION OF	TO MEDICAL EXAMPLES, THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		UNDERLYING	CAUSE WAS OR NG CAUSE OF D		MONTH DAY YEA		OW INJURY	OCCURRED	ENTER NATURE	OF INJURY IN ITEM	18 PART I OR P	ART 2)	
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	ì	202749	23a.	SPECIFYI	TION, REMOVAL 2		23c NAME OF CE			RY	23d LOCATIO	N	COL	UNTY	Md
	7/B4 5M	BP	74	Buri		3/19/86	Mt Aubur	n te		Sa DATE PE	Balti	TRAR 256 REG	GISTRAPIS	SIGNATURE	Ma
		DHMH - 17 (VR A15 ME (5))		NAME		ADDRESS	1200 Wahaak	Λ.,,		MAD 4		. 0.		Randa	IC.
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22 9. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	, H		CEASED NAME PE OR PRINT)	LOU]	rs.		WIDDLE		АН	RRIS		2		NOWN ESTI-		DAY	YEAR 1986	26 HOUR
NECESSARY PLEASE INNERAL DIRECTOR. FOR YOUR FILES.	N STREE	3 SE	ale	4. RACE		OF BIRTH	29	6. AGE (IN YE	ARS IF UN	DER TYR.	IF UNDER		RONOUNC DEAD	.ED	MONTH	DAY	YEAR 1986	2d HOUR 4:23
CESSAR VERAL D	DRESTO	7a. Bi	RTHPLACE (SI	NC	76 CITIZ	ZEN OF WH	ISA		8 MARRI	ED X NE		IED L	BALTIMO	-	_	TY OF		I IIM
DAY IS N PACK S FREE V	8/)C		altimore	OF DEATH	(IF NO	AE OF HOS	PITAL, NU	RSING HOMI	WIDOW E, OR OTH		DIVORO	120 USU	Balti bore	TION (TYPE		126 KI	ND OF BU R INDUSTE	SINESS RY
D. 21201 F ANY DELAY IS N AND 3 TO THE FU SHOULD BE FILED.	RECORDS	USU		IF IN NURSING HOM	E OR OTHER IN	STITUTION, GIV	13c. CITY	BEFORE ADMISSI OR TOWN		13d. INSIDE CI	ITY LIMITS?	13e. STRE	ET ADDRESS	lson	St.	2	121 ra F	1/2
E WATER	100		Thoma:		MIDDLE		M	iotley		В	essi		MIDI	DLE			LAST "	is
SALTIMO SAFTER I GIVE PAR TH FOR	DIVISION		VAS DECEASEI ES, NO, OR UNKNO NO	EVER IN U.S. A	ARMED FOR			-38-9		Fann		larri	s 40	ADDRESS O Wi		S	t 3r	d Fl
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IDN OF V THECATE S G THE WO TO THE CHOULD BE	ARTMENT IOR TO BU	MEDICAL CERT	UNDERLYING CONTRIBUTIN	CAUSE WAS	F DE ATH	Ib. TIME OF HOUR A.M. P.M.	. MONTH	19	3		OCCURRE	D LENTER NA	ATURE OF INJUR	RY IN STEM 18 I	PART 1 OR PA		163	NO LA
I 3 4 4	120	MED	WHILE AT WORK			STREET, FACT				TREET			CITY OR TOWN	٧	co	YTAU		STATE
TO MEDICAL EXAMINER: TI EXECUTE HE CARTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P.	TH, WITH THE S E, MARYLAND,		220. I certif	y that I taak cha d fram: N <u>a</u>	irge of the r	32	Accident		Autap:	Hamic TITLE (SI	PECIFY)	Undeter	Inquiry C	ner .	d in my ap		3-1-	-86
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07/84 BP	- B A	(5	Bur	ion,removal	3/5/	86		stvie				23d. LOC CITY O Ba	ation alto.		Cit;	MIA	Md	ATE
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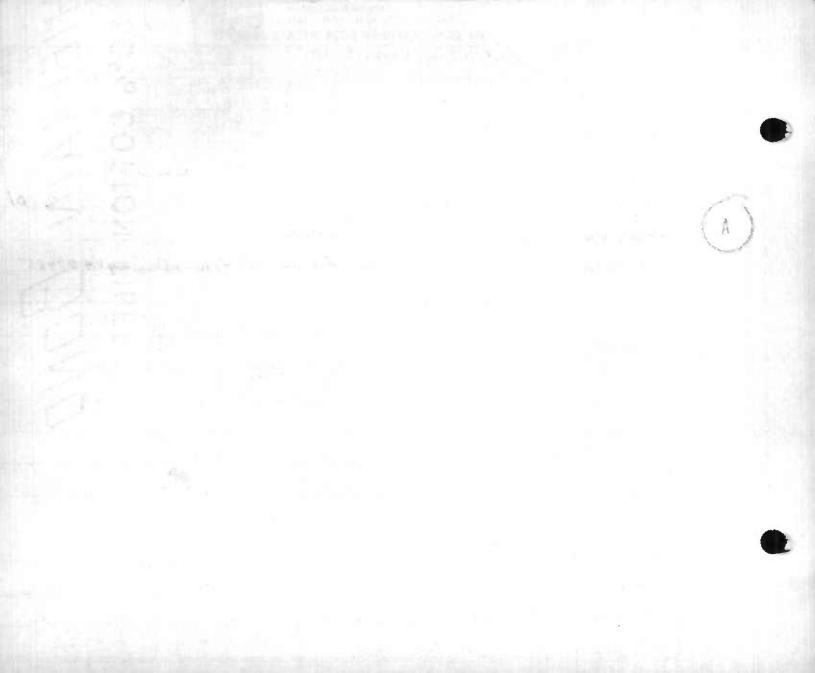
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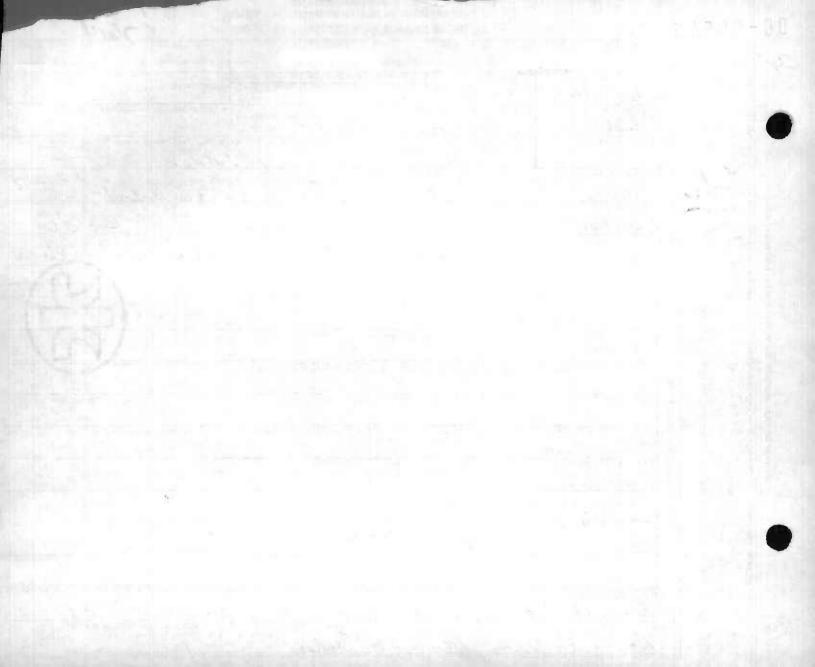
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	· 1		CEASED NAME FIRST		MIDDLE	U	ST		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
å	C t	ITAME	ORPRINTI NIELVIN		M.	HA	RRIS		03	- 05	-86	520 AM
UT	というと	3 SE	(A A	4. RACE		5. DATE O			AGE (IN YEARS LAST BIR	HDAY) IF U	THE DAYS	IF UNDER 24 HRS
*	0.0	1	MALE	CAUC	ASIAN	MONTH	مأا	23	62	YRS		
1	62 01		RTHPLACE STATE OF FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARR	RIED S	BALTIMORE CITY O	R COUNTY OF	DEATH	
	15-27		MARYLAND	USA		WIDOWE			BULT -	CITY		MD.
	11 2/1	10 01	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUT	ION	20 USUAL OCCUPATI			F BUSINESS OR
8 10	13 4	1	BALL	SINAL	HOSDIT.	MU.	F BALT		MUDIATION			S.GOV'T.
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ON TO	100		MD BI	HUT	PILESV	NE	YES NO	\(MNIE	RO	21208
7 (A ET AM	M FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAM	MIDDLE		1.451	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 211 ING PHYSICIAN: The low requires that the death certificate be executed a minimal of the control of	11/100	/	SAMUEL		HARRIS		FANI				TZBINE	3
ORE,	and coopes		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	M	RS. MILDRE			
I WO	Poges	1		=ARMY	217-12-	5125	3204 BO	NNIE	RD. BALTO)., MD	2120	
SALT ote	hysicio papers aval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse pe	r line for (a), (b), and	dicui					APPROXI	MATE INTERVAL DISET AND DEATH
T. E	phy			ED BY: TE CAUSE (a)	CARDIAC	- AT	2REST					
N oo 4	ding or re office			DUE TO, C	R AS A CONSEQUE	NCE OF					157	
EST	attendin nove carb ation, ar froumatic	1	Conditions, if ony, which	((b)_	ACUTE	MYDO	ARDIAL	- 10	FACTION			
or å	0		gave rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQUE	NCE OF						
thot	d by the		underlying cause last	(c)_								
S, 20	signed sen pli a buri	7	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 10	31
ORD		01	CHY							Tax severe	#55 50 15 to	
EC No.	been prior	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF YES, V	OG CAUSES	OF DEATH?
AL The	e hos sit per	RTIE					Täi manna		YES NO	YES [NO 🗌
N X	ficate h fransit i Hygie 18 sho		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		OF INJURY .M. MONTH D	AY YEAR	ZIC HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
O N	ding ph is certifi buriol-tr Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P	.M.	19						
SO YHY	the but we and W	WED.	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET		CITY OR TO	WN	COMMIX	STATE
NO OX	After this e os the b olth and A marked or		AT WORK NOT WHILE	-4		-		600	21		30	
Z	NS: A		27a I certify that (1) this hosp	/ -716	deceased from_	867	d that in (my (our	9 80		, 19.	0	that ((we) last
ATTA	Spita CTC d for n 21	13	saw, the deceased alive at above, (I) (ve) (did)) did no	ot) view the body	after death.	, 01) epinion di	eath accurred on the d	ore and nour a		
Ö	DIREC ached Coched Dept. If hem		226. SIGNATURE	/	. 100-		DEGREE	NDING	MEDICAL STA	F \/	22c. DATE	SIGNED .
TAI	RAL det		22d PHYSICIAN'S NAME (TYPE	MIN :	UVO		PHYS 22e, ADDRESS	SICIAN [DIRECTOR PHYSIC	IAN	13	3-00
HOSP	d be d be		27d PHYSICIAN'S NAME (TYPE		0 0/10		SulA. I	loca	-1 2 mas	241-	110	210.5
Ĭ O	TO FUNERAL Eshould be deta		I UNIVER IN		0, MD		I IMMI F	1050	OF BALT.	W. 1	VIV	01013
-		23a	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	MAR. 6	,1986 13G	ARRIS	5N° FOREST	^^VETE	PANSITY OF THE CO	S MILLS	OUNTRAT	TO. STATED
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	H - 16 50M 4/83	24 F	NAME		& BROS.				REC'D. BY REGISTRAR	ZOB REGISTRA	K 3 3 K STAN	рке.
	(VRA 15, 4)		6010 REISTERST	OWN RD.	BALTO.,	MD 2	1215	MAR	1 1 1000	<u>'</u>		

Park B. B. W. A. Shines III. The read to the U.S. Constitution

	1					ARYLAND			1 7	
00-00070	11-	FOR STATE				AND MENTAL HYG	4	7 6	1 60	
00-00010		REGISTRAR				ERTIFICATE OF	DEATH RE	G. NO.		
		CEASED NAME FIRST	AKA AR	UIN Den	nis	LASTIR,	20. DATE KNOW OF ESTI-	HTMOM X	DAY YEAR	2b. HOUR
ASER.	-	TER				RRIS	DEATH MATE	D \(3-7-	-86 ₁₉	M
RP, PLEASE DIRECTOR, OUR FILES ON STREET	3. SE	4. RACE	S DATE OF BIRTH	YEAR LASTERTHO		DER 1 YR. IF UNDER 24 I		MONTH	DAY YEAR	2d. HOUR
SARY ALDIS STON	1/2	1A/8 CO/	3-25-3	36 24 YF			DEAD		-86 19	5:32P
	76.8	BRTHPLACE TSTATE OR	76 CITIZEN OF WHA	T COUNTRY?	8. MARRI	ED NEVER MARRIED	9. BALTIMORE C	ITY OR COUNTY	Y OF DEATH	111111
N N N N N N N N N N N N N N N N N N N	1	Vew york	4.2	15	WIDOW	ED DIVORCED	□ Baltimo	ore City		MD.
2 H A H A	10. C	ITY OR TOWN OF DEATH		TAL, NURSING HOME	, OR OTH	ER INSTITUTION 12	OR MOST OF WORKING LIFE		26 KIND OF BU OR INDUSTE	
A02 88 -		Baltimore	1815 N. Wo	lfe Street			LABORE	10		
2 5 5 5 5 A	114	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION 131. CHY OR TOWN.	ON)	13d INSIDE CITY LIMITS? 13e	STREET ADDRESS		-	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	X	Bry/And -		DAllin	nore	YES NO	905 mc	Rlow	5/2	KOSI
9 (200	HJ	ATHERS NAME	WIDOLE	LAST		15 MOTHER'S MAIDEN N	AME MIDDLE		LAST	
# Kare	10	WKALD WILL				UNKNOW!				
M GO WOO	160	WAS DECEASED EVER IN U.S. AR (ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY	1 .			RESS		
BALTIMOR S. AFTER GIVE FROM PAGE 1.4 INTSICH FROM		UNKUOWY		228-98-3	456	Bildial HOTES F	H. KINGL	Juniar	VA 224	85
		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one couse per line fo	or (o), (b), ond (c).)					APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
WITHIN 24 HOUS WITHIN 24 HOUS WINE ALCONG W RANSIT PERMIT YAL HYGIENE, I		IMMEDIA	TE CAUSE (o) Cer							
PRESTON THIN 24 5 CIL IN TEA WER ALON ANNOT PER REMOVAL		Conditions, if ony, which		S A CONSEQUENCE (OF					
W. PR W. Pr	1	gove rise to immediate	(b)							
085 0		couse (a) stating the <u>under-</u> lying couse last.	DUE TO, OR A	S A CONSEQUENCE (OF				138.5	
DS. 201 W. PI VECUTED WITH AG: IN PENCIL JAL EXAMINE BURIAL: TRAN AND MENTAL		BARY & COME CICHICAGANY COMPANIONS	(c)							
ECORDS, 201 P. BE EXECUTE SHORING: IN MEDICAL EXA AS A BURIAL ASTH AND M ALTH AND M CERMATION	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IMAL OISEASE	OR COHOITION GIVEN IN PART 1	0			
DE LOS DE LOS LAND	IFICATION	19a. DATE OF OPERATION	LISE CONDITIO	ON FOR WHICH OPER	ATIONIW	AS DEDECIDATED?			Jan	
조 오오루딩으로	5	The same of oremandia	178 CONDING	NATOR WHICH OFER	ATION W.	AS PERFORMED?			20 AUTOPSY?	
> 000 HFT -	4 8	216. EXTERNAL CAUSE WAS	216 TIME OF IN	VIURY	121/ HC	OW INJURY OCCURRED (E	NITED NIATURE OF BUILDING	SA 10 DAD! 1 OD DAD!	YES 🔀	NO 🗌
DIVISION OF VIT IS CERTIFICATE SH WRITE THE WOL WROED TO THE C GE 3 SHOULD BE THE DEPARTMENT 201 PRICE TO BUIL	and the second	UNDERLYING OR	HOUR A.M.	NONTH DAY 6 YEAR					2)	
DIVISION SCENTIFIC REDED TO REDED TO RESTORED TO PRICE	MEDICAL	CONTRIBUTING CAUSE OF		INJURY (ATHOME,		oject fell a	iter being s	SLEUCK		
DIV STEPS OF STEPS OF	星	WHILE AT WORK AT WORK	STREET FACTOR	Y, FARM, ETC.)	S1	REET	CITY OR TOWN	COUN		STATE
Tarada		AT WORK — AT WORK			81	110.20	treet Balt	timore,	Marylan	<u>a</u>
SER SER		220. I certify that I took charg	ge of the remoins descri	bed obove, held on	Autops		. Inquiry,	ond in my opin	nion	
WHEN SHEET		death resulted from: Notu	rol couses . A	ccident L., Sui	cide,	Homicide X. U	ndetermined monner	᠘.		
EX. DIRECTOR		ACTUAL ALVIL	a Mal	16,00		TITLE (SPECIFY)		DATE	2 0 00	
SET SET		SIGNATURE WOUNT	to wife.	Trace	M.	Assistant	MEDICAL EXAMINER	SIGNED	3-8-86	
WED THE A	1	EXAMINER'S NAME	argarita A	Korell M.	D	111	Penn Street	+		
TO MEDICAL EXAMINER: TEXAMINER: TEXAMINER: TEXAMINER FORM TO FUNERAL DIRECTOR; PATTE DEATH, WITH THE STEAMINGE, MARYLAND, 2	230 B	URIAL, CREMATION, REMOVAL	argarita A.	23c. NAME OF CEM		ID DIKE 33		ζ		===
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	PECTO FOLI STRE	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD			24 HRS. 2c. DATE MIN PRONOUNCEL	нтиом	DAY YEAR	2d. HOUR
	OUR ON ON	11	TALE MEGRO	7-15.		RS.		DEAD	-	-14 1986	hoon
	NECESSARY, PIEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS. W. PRESTON STREET.		THPLACE (STATE OR)	76. CITIZEN OF WH	AT COUNTRY?		D NEVER MARRI	ED L	CITY OR COUN		
	FUNE S FG W. P		111.00	·u.	DITAL NURSING HOM		DIVORCE	D D Baltin	ore City		MD
	SEE CHEST		Y OR TOWN OF DEATH	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)			FOR MOST OF WORKING		OR INDUST	
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-	MIT WILL		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED							APPROXIMA BETWEEN ONS	ET AND DEATH
N N	A MONOR A	-	IMMEDIAT	E CAUSE (o) Ar	terioscler	otic (Cardiovasc	ular Diseas	e		
EST	NO A PER		Canditions, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF					
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8	WILD BE EXECUTED "PENDING" IN FIGURE FOR MEDICAL EXA SED AS A BURIAL- HARITH AND MEI HALL CREMATION. (A.E.	PART 2 OTHER SIGNIFICANT (DNDITIDNS	(c)	UT NOT RELATED TO THE TERM	MINAL DISEASE	DR CONDITION GIVEN IN PAI	RT 1 (a)			
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VISI	RETINCARDED CERT SECRET	MEDICAL	21d. INJURY OCCURRED	STREET, EACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f LOC	REET	CITY OR TOWN	(COUNTY	STATE
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	111 24 (0)		22a. I certify that I taok charg	e of the rumoins des	cribed above, held or	Autops	y , Inspection	X, Inquiry	, and in my	apınian	
	MANER: THECATE BE FOR ECTOR: TH THE:		death resulted from: Natur	ol causes	ficident .	orcide.	Homicide .	Undetermined monne	er .		
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	ATH ATH		SIGNATURE WELLE	way Vir	ug. 1110	UU MI	Assistant	MEDICAL EXAMINE	R SIGN		-80
	MEDICUTE CUTE SE 4 S FUNE TIMO	1	EXAMINER'S NAME Deni	nis F. Sm	zth. M.D.		ADDRESS 111 P	enn St., Ba	alto. M	d. 2120)1
	TO MEDICAL EXAMENEE CERTIFICATION OF The CERTIFICATION OF TO FUNERAL DIRECTOR OF THE DEATH, WITH BALTIMORE, MARY	73a B		ILS F. OIL	23c, NAME OF CE		100111111111111111111111111111111111111	123d. LOCATION			
07/84	BP	(Burrial	3/12/9	6 MT	7:00	cem.	CITY OR TOWN	/a cc	md	STATE
25M	DHMH - 17	24. F	INERAL DIRECTOR	17		5	250. DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S		.00
	(VR A15 ME (5))		BeTTS Fun	enal.	Home 112	29N.C.	erolne MA	K 1 8 1986	U	a Saile	AL DES



(VRA 15, 4)

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STATE OF MARYLAND

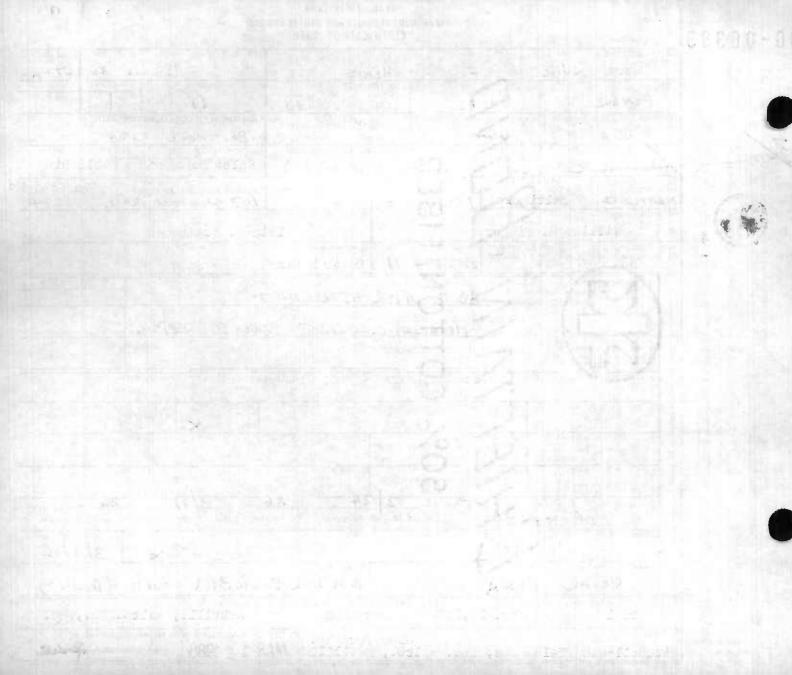
DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

JL		REGISTRAR							REG. N	٥.			
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
1	,	Mary	JUNE		F;	HE	APS	361 6		03	11	86	09:00 AM
1	3. SEX	(4. RACE		5. DATE O			6 AGE (IN YEARS LAST BIR	[HDAY]		R 1 YEAR	IF UNDER 24 HRS
-1		FEMALE		WHI	TE	MONT	er .	JEAR 30	W	YRS	MONTHS	DAYS	HOURS MIN.
1	7a BII	RTHPLACE (STATE C	R FOREIGN	76 CITIZEN OF	WHAT COUNT	TRY2 8			9 BALTIMORE CITY OR COUNTY OF DEATH				
1	1	USA		USI	,	WIDOW		VORCED	BALTIMOR		CITY		MD.
3	- 0	ALTIMOR		(IF NOT IN SUC	HOSPITAL, NU THEACILITY, GIVES SAMAR		OSP. OF		Sales Man			WIND O	ishing
distro.	13e. 5	IL RESIDENCE (IF NO TATE RYLOND	136 COUN		13c. CITY OR		13d. INSIDE C		13. STREET ADDRESS				2/204
20	14.7FA	THER'S NAME	iam M.	Fisher	LAST		15 MOTHER'S	MAIDEN NAM		79		LAST	
2		VAS DECEASED EVE		MED FORCES?	166 SOCIALS	SECURITY NO.	17. INFORMA	NI	ADDRE	SS			
1	{1	No	(18 163, GIV	E WAR OR DATES!	2122 8	94 11	Edgar	M Heaps	s Sam	.e			
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	CERTIFIC								YES NO		YES 🗍	AUSES	OF DEATH?
7	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING										UNIY	STATE That (I) (we) last
1		sow the decembrage, if twe 224 SIGNATURE	Sid I did/iid	the	after death.	1º_&b_,°	DEGREE	TTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	FF _			SIGNED
		ee:	AR	PENA			1601.	Lock Ra	newBlud	bal	to, "	10	21239
	23a B	URIAL, CREMATION Burial	N, REMOVAL	Mar.	14,198	Pa Pa	EMETERY OR C	CREMATORY	Park Ville	, Ba	lro.	°Co.	, Md Mare
		ineral director chell-Wi	edefel	d Home,	Inc. B	6500 Balto.,	York Ro Md.212	Le asa	R 1 4 1986				URE Pandelle

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

IMPORTANT: If Nem 21 is morked or Nem 18 shor



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

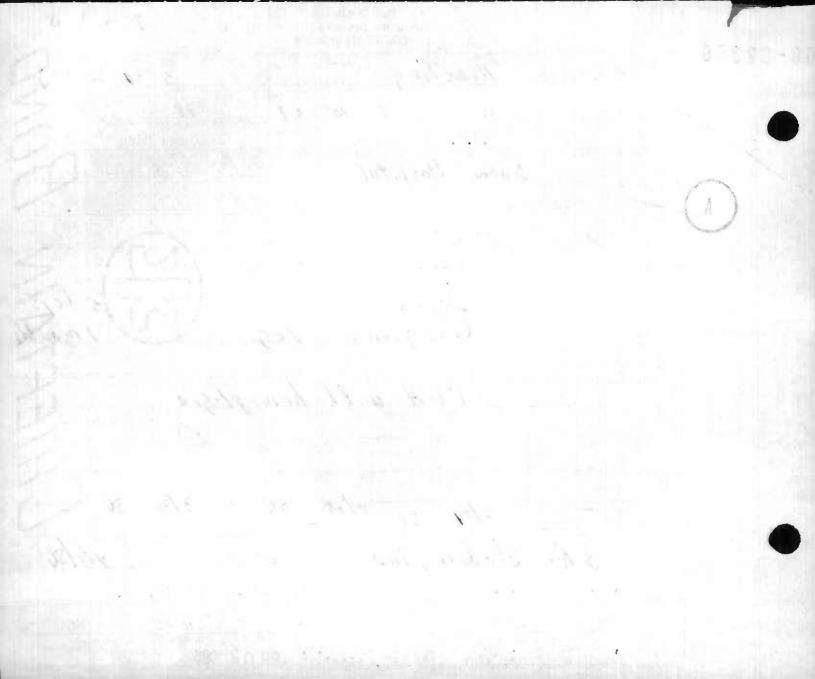
FOR

CATEGORILLE, DA. 121 .NO. BALLETON DESTRUCTION OF TARVIAGE PRINCIPLES

TRIBUTE STEERS AT LA GEST Y SOUTHING THE STREET

THE STREET FOR THE STREET MILITARE TREET IN TANKETTE STREET

PURING NEEDS AND THE STREET OF THE WEST AND THE STREET AND THE ORE. HARVEAULD THORPSON T. P. 1913 U. HALTHARE STAR U. HORPE



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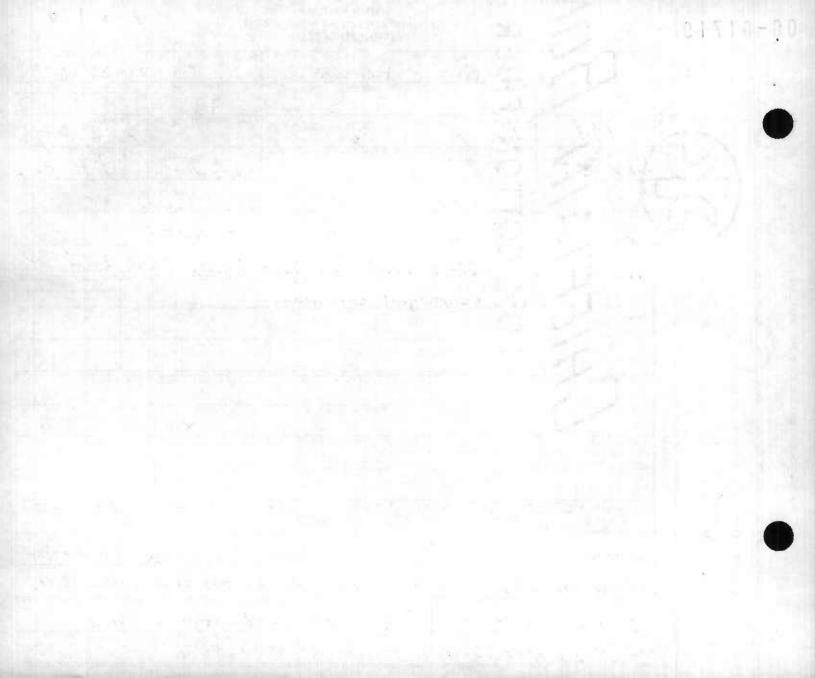
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		REGISTRAR					REG. NO),			
1		CEASED NAME FIRST	MIDDLE	ı	AST		20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	Λ
4		Daisv	m	He	nson	F. U.S.	3	21	0 86	643	M
,	3. SEX	(4 RACE	5 DATE C			6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 241	HRS
		F	B	MONTH	DAY 3	YEAR	79		NIHS DAYS	HOURS A	AIN.
	76 BIG	RTHPLACE (STALE OR WOREIGN	76 CITIZEN OF WHAT COUNT			06	9 BALTIMORE CITY OF	YRS	DEDEATH		
76		OUNTRY)	11 C S	MARRIEI	NEVER	MARRIED -	BALTIMORE CITT OF	COUNTY	DIL	DI	
		1010	11.0.1	WIDOWE		IVORCED [05	axizs -	Ciry	MD.
,)	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		R OTHER INS	TITUTION	136 USUAL OCCUPATION	RXING LIFE)	126 KIND C	F BUSINESS	OR
		DHLIO.	MERC	X			Istodia	n	N. t.	1. 1/2	SP
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-	14 FA	THER'S NAME	0.77	(10		S MAIDEN NAM	KX 3 C C	erre	691	0110	15
17			MIDDLE / 11 = ATT		1/1	FIRST// =	A MIGPLE	91	LAS	st	
1	1	KONNIL	MINEW.	7	VV	11111	1 / 1/2 4				
1			E WAR OR DATEST	ECURITY NO.	17 INFORM		ADDRE ADDRE	A A MA	cec	· 1 a.	0
/		NO	220 30	14861	LON	STANCE	DIAME	2230	(sec	ed 1877	
		18 CAUSE OF DEATH Enter on	lly one cause per line for (a), (b)	, and ic					BETWEEN	MATE INTERVAL	ATH
-	6.1	PART I. DEATH WAS CAUSE	DBY ECAUSE (0) ESOPho	ageal	carcin	noma					
		IMMEDIAI		3		V-9505 Y					
	80	Condition in the last	DUE TO, OR AS A CONSE	QUENCE OF							
		Conditions, if any, which gove rise to immediate	(b)						1		_
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF					1-116		
		onderlying coose lost.	(c)								
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATE	TO THE TERMI	NAL DISEASE OR CONE	ITION GIVE	V IN PART 1	a	
	CERTIFICATION										
with the	CAT	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		WERE FINDI		
6	I.E.		District Control				YEST NOX	YES		NO T	
100	ER	210 ACCIDENT WAS UNDERLYING			21c HOW It	JURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)		-
60		OR CONTRIBUTING CAUSE OF DEA									
- /	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19	211 LOCATI	ON					
	MEC		(AT HOME STREET, FACTORY OFF	ICE FARM, ETC)	STREE		CITY OR TO	VN	COUNTY	STAT	E
		WHILE NOT WHILE AT WORK					11-120				
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		sow the deceased alive an above, W (we) (did) (did) (did) (id)	3 - 26	9 86 . 00	id that in (n)	OU opinion de	eath accurred on the do	te and hour	and from the	couses state	d
		22b. SIGNATURE	THE WINE COST STATE SEGME	[DEGREE	1000		11.77	22c. DATE	SIGNED	
	-	Mence In	Bonn Turi			ATTENDING	MEDICAL STAF		3-2	26-80	
-		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRES		DIRECTOR PHYSIC	AIVA	1		
			0 1	2			1 301 57	And	Place	Balt	
		George M	0-/					1011	74168		
	23a. B	URIAL, CREMATION, REMOVAL		31 NAME OF C	EMETERY OR		23d LOCATION CITY OF OWN		COUNTY	STATI	
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DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, ar ather traumatic event, th



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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DECEASED NAME YPE OR PRINT) SEX	LILLIAN	MIDDLE T.		IST		20 DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
	LILLIAN	rps							
SEX		1.	HE	RBERT		1000	3	8 86	12:06
	4 RAC	E	5. DATE O			6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAY	
FEMALE	CA	UCASIAN	MONTH 6	20	o 4	81	YRS	MONTHS: DAY	S HOURS MIN.
BIRTHPLACE (STATE O	R FOREIGN 76 CIT	ZEN OF WHAT COUNTR	Y? 8	X NEVER A	AARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	D.C. U.	S.A.		**		BALTIMOR	E CITY		MD
CITY OR TOWN OF D				R OTHER INST	ITUTION				OF BUSINESS OR
altimore									
STATE	136 COUNTY	13r CITY OR TO	NWC	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRES 5511 Link	Ave.	21227	
FATHER'S NAME	I-T- NO NEW YORK			15. MOTHER'S	MAIDENNA	ME			
		LAST		Mabel	Roslyn	Patton			LAST
			CURITY NO.				RESS		
	(IF YES, GIVE WAR OF		7224	Bernar	d F.He	rbert, Sr.5	511Lin	k.Ave.	21227
Conditions, if an gave rise to in couse (a), sta	WAS CAUSED BY: IMMEDIATE CAU DI yy, which find the fing the Di	SE (0) \bigcirc	veselo	then med	myoc oxcle	roseò	mfan	J. J.	NONSEL AND DEATH
	GNIFICANT CONDIT	IONS CONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN PART	110
19a DATE OF OPER	ATION 19	CONDITION FOR WHI	CH OPERATION	N WAS PERFO	RMED	20a AUTOPSY?	IN CERT	IFYING CAUS	DINGS-USED SO OF DEATH? NO
an charge author	CAUSE OF DEATH		DAY YEAR	21c HOW IN	JURY OCCURI	RED (ENTER NATURE OF IT	NJURY IN ITEM 18	PART 1 OR PART 2	.1
WOI NOI	WHILE		E, FARM ETC)	21f. LOCATIO STREET	ON Of	CITY OR	TOWN	COUNTY	STATE
	CITY OR TOWN OF DE ALL TIMES P. Tail WAS DECEASED EVE (YES, NO OR UNKNOWN) 18 CAUSE OF DEA PART I DEATH Conditions, if or gave rise to ir couse (o), sta underlying coupled to the coupled t	CITY OR TOWN OF DEATH altimore SUAL RESIDENCE (IF NURSING MOME OR OTHER IN TATATE ATTAIL WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE CONDITION CONDITION 190 DATE OF OPERATION 191 DATE OF OPERATION 192 DATE OF OPERATION 194 DATE OF OPERATION 195 DATE OF OPERATION 196 DATE OF OPERATION 216 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216 NOT WHILE AT WORK 110 INJURY OCCURRED 216 NOT WHILE AT WORK 216 NOT WHILE AT WORK 217 NOT WHILE AT WORK 218 NOT WHILE AT WORK 218 NOT WHILE AT WORK 219 NOT WHILE AT WORK 210 NOT WHILE AT WORK 211 NOT WHILE AT WORK 212 NOT WHILE AT WORK 214 NOT WHILE AT WORK 215 NOT WHILE AT WORK 216 NOT WHILE AT WORK 217 NOT WHILE AT WORK 218 NOT WHILE AT WORK	CITY OR TOWN OF DEATH altimore St. Agnes Hospital, Nur. (IF NOT IN SUCH FACILITY, GIVE SIX STATE ATOUTU ATOUTU FATHER'S NAME FAITHER'S NAME FAITHER'S NAME FAITHER'S NAME FARST WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b). PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS CONSECUTED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I 190 DATE OF OPERATION 190 CONDITION FOR WHILE CHETHER NOTEY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE WAS CAUSEDID WITHOUT OFFICE WHILE WHILE WHILE WHILE WHILE WHILE WAS CAUSE OF DEATH (IT HOME STREET, FACTORY, OFFICE WHILE	CITY OR TOWN OF DEATH altimore St. Agnes Hospital St. Agnes Hospital St. Agnes Hospital St. Agnes Hospital STATE S	CITY OR TOWN OF DEATH altimore SUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, SUCH FACILITY, CITY OR TOWN INSTITUTION, GIVE RESIDENCE OF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) ISTATE AT STATE AT DUTUS FATHER'S NAME FARST MODLE AT BUT OR TOWN IS MOTHER'S Mabel IS. MOTHER'S Ma	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, CITY SING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, CITY SING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, CITY SING HOME OR OTHER INSTITUTION STATE SUAME 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? STATE 137 CITY OR TOWN 136 INSIDE CITY LIMITS? STATE 138 CITY OR TOWN 136 INSIDE CITY LIMITS? YES NAME 158 MOTHER'S MAIDEN NAME 158 MOTHER'S	CITY OR TOWN OF DEATH altimore St. Agnes Hospital, Nursing Home or other institution (If Not in such facility, outs little appress) St. Agnes Hospital ULAL RESIDENCE (IF Nursing some decider institution one residence before admission) St. Agnes Hospital ULAL RESIDENCE (IF Nursing some decider institution one residence before admission) FATHER'S NAME Arbutus FATHER'S NAME AMBOLE MIDDLE MIDDL	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (PROTINSUCH FACILITY, GIVE SINET ADDRESS) 3. Agries Hospital 1. Name of Hospital 1. Name	CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USDAY CUPATION 136 USDAY COMPANIES 136 USDAY 1

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE 3/10/86 Burial 24 FUNERAL DIRECTOR

HICKED

Ambrose , Inc. 1328 Sulphur Spring Rd.

MD

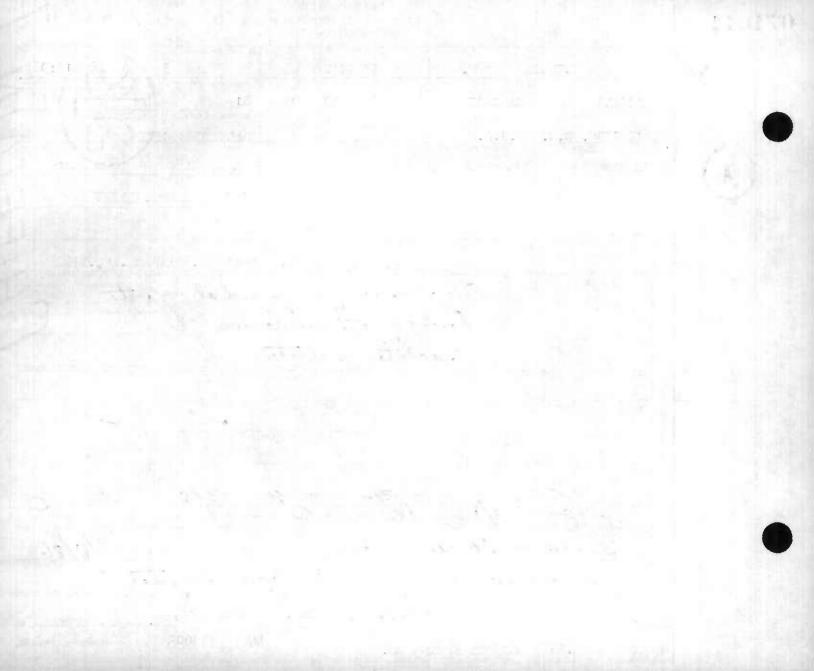
23c NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.

22e ADDRES

DEGREE

Bushwood, St. Marys, Maryland

MEDICAL STAFF DIRECTOR PHYSICIAN



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

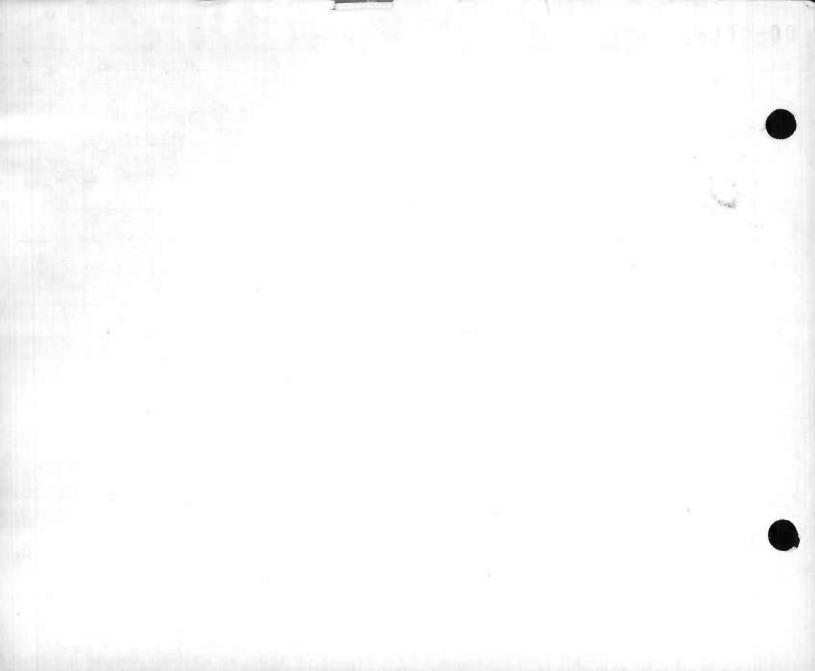
0-00425	1.	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES 6	0 /	8	2.
K		CEASED NAME FIRST	MIDDLE	tAS1	20 DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
1 1115	(146)	Ruth	E.	Herman		3 15	86	DETEM
1 63	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
		Female	Bhek	MONTH DAY YEAR	39	YRS	ONTHS DAYS	HOURS MIN.
TE PO		IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
1 1 A/7		lenn	USA	WIDOWED DIVORCED	Baltimore	Cit	V	MD
1 50	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION OF OF WORK FOR MOST OF		12h KIND C	Baltimor
2 49 20		Battimore	Univ. of Maryla	al Hospital	(1112-01-1101-1101-1101-1101-1101-1101-1	. Tomata crej	Federal:	Saulnes + Lo
24 hour filled in ould be must be	130.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORM 131 CITY OF TO		13. STREET ADDRESS	ZIP CODE	Dr	21207
thin thin	14. F.	ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME			00
d diple		Douglas	MIDDLE LAST	a Georgina	WIDDLE		1150	1410
5 0 0		WAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	ADDRE	SS		V V V V
Poges Poges	8	YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 411-76	- 6670 Kinherly He	rman 2505	Ches	aire	Drive
te bi		18 CAUSE OF DEATH (Enter on	nly one couse per line for (o). (b) o				APPROX	MATE INTERVAL
phys n poly movent,			nly one couse per line for 101, (b), of DBY: TE CAUSE (0) Carollo PU	linenary asest				
ding orbon fice		IMMEDIA		7				
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by the cree		underlying couse lost.	DUE TO, OR AS A CONSEQUE	1				
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1 21004	5	190 DATE OF OPERATION	198 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	206 AUTOPSY?	IN CERTIFY	WERE FINDI	OF DEATH?
18 19 14 4	E	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21- HOW IN HURY OCCUP	YES NO	YES		NO 🗌
24 915 B		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE THE PARTY OF THE PARTY OF	DAY YEAR 216. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
SKC SKC	ΔĀ	(IF EITHER NOTIFY MEDICAL EXAMINER		19				
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St. and		AT WORK					11/	
No wash			ital) attended the deceased from			. 19	8-6	that (I) (we) lost
E 6 5 5 5 5			of) view the body ofter death	86, and that in (my) (our) opinion	death accurred on the de	ate and hour d		
S S S S S S S S S S S S S S S S S S S		226 SIGNATURE	20	DEGREE ATTENDING	MEDICAL STA	ce	22c. DATE	SIGNED
TAI del del Tote		luch	ulcons 1	PHYSICIAN [MEDICAL STA		3/1:	5/186
TO HOSPITAL retained by to TO FUNERAL should be deli with the State IMPORTANT:		220. PHYSICIAN'S NAME (TYPE O	Econs M	120 ADDRESS 22 S. G.	teen St., B	Bult	me	3
7 5 ± 2 3 ₹	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION		COUNTY	27413
BP		Burial	3/21/86	Worth Point Cemeter		er	COUNTY	Tenn
DHMH - 16 60M 7/84		UNERAL DIRECTOR		25a DA	E REC'D. BY REGISTRAR	25 REGISTRY	ALS SIGNA	
(VRA 15. 4)	Wi	lliam C. March	F/H West 4300 W	abash Avenue	1 7 1986	To company		

DHMH - 16 60M 7/84 (VRA 15, 4)

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T. DECE	ASED NAME FIRST		MIDDLE		LAST	20. DATE K		NTH DAY	YEAR	26 HOL
(ITPE C	DARR	ELL		Н	ETZEL	OF DEATH	MATED T	3 5	19 86	100
3 SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD		DER 1 YR. IF UNDER 2	4 HRS. 2c. DATE	MO!	NTH DAY	Y YEAR	2d HO
Ma	le White	2/16/5	4 32 _Y	RS.	DATS HOURS	DEAD		3 5	19 86	3. F
7a BIRT	HPLACE (STATE OR GN COUNTRY) Md.	76 CITIZEN OF WH		8 MARRII WIDOW	ED NEVER MARRIE	D	more Ci		DEATH	
	or town of DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOM DILITY, GIVE STREET ADDRESS) Lombard		ER INSTITUTION	FOR MOST OF WORK			CIND OF BUS OR INDUSTR	
13a STA	RESIDENCE (IF IN NURSING HOME TE 13b. COUI		13c. CITY OR JOWN Baltimor	e e	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRES	mor. St.	: ±212	223	y
14. FAT	HER'S NAME	MIDDLE	ŁAST		15. MOTHER'S MAIDEN	NAME	DDLE		LAST	
	John	He	tzel		Marl		Hetz	el		15.
(YES.	S DECEASED EVER IN U.S. AF NO. OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES}	220-64-27		Ida Hetz	zel 2003	Ashton	St.	21223	
1	8 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly ane cause per line	far (a), (b), and (c).)	700				B.F.	APPROXIMATE TWEEN ONSET	INTERVAL AND DEA
	cause (a) stating the <u>under</u> <u>lying cause last.</u> *ART 2 OTHER SIGNIFICANT CONDITION	(c)	AS A CONSEQUENCE		OR CONDITION GIVEN IN PART	1 101.				
CERTIFICATION	90 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	RATION W	AS PERFORMED?			20	AUTOPSY?	
	IN EXTERNAL CAUSE WAS INDERLYING OR CONTRIBUTING CAUSE OF		INJURY MONTH DAY YEA 3/5	R	ject ingested		RY IN ITEM 18 PART 1	OR PART 2)	YESX	NO [
l X la	1d. INJURY OCCURRED	21e PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LOC	EATION INSET	CITY OR TOW	n ore City	COUNTY	Md.	STAT
Š	22e. I certify that I took char death resulted from: Nati		ribed abave, held an Accident , St	Autaps	Hamicide TITLE (SPECIFY) DASSISTANT	Inquiry Undetermined mar	ond in m		3-5-86	
230 BUF	(IAL, CREMATION, REMOVAL) Cremation		23t. NAME OF CE Westvie	METERY O	RCREMATORY	23d LOCATION CITY OR TOWN		°Md.	STA	ATE
	Chas. A. Rice	FSPA 1300	Eutaw Pl.			C'D. BY REGISTRAR	Adia Bard		market.	1

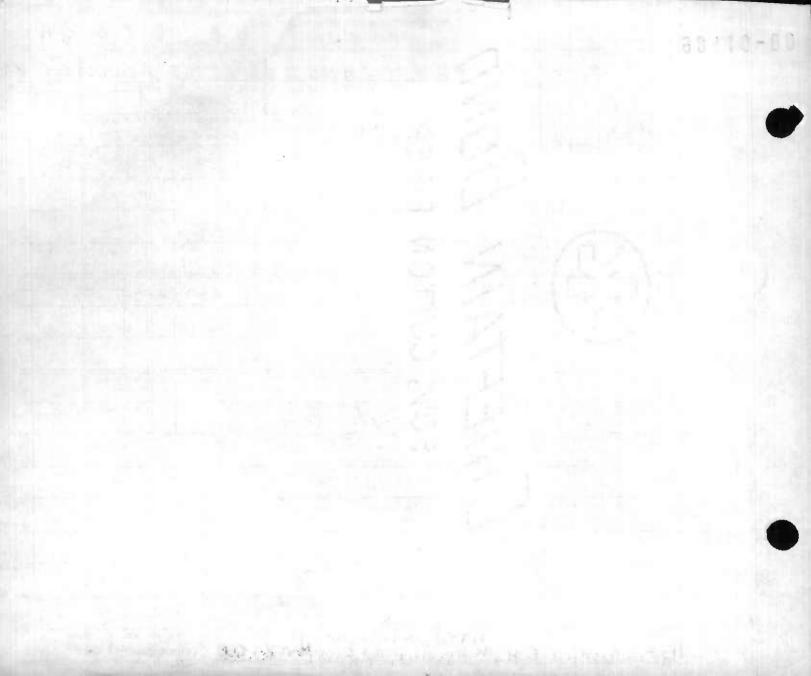
051160 Mark ... I would



KINGSVIlle, Md. 2108

DHMH - 16 60M 7/84

(VRA 15, 4)



00-01465	1-	FOR STATE REGISTRAR			NT OF HI	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 6 0	7 6 2 5
2 75 00		EASED NAME FIRST PAUL	M.	Н		BOTHOM	March 18,1986	DAY YEAR 26 HOUR
96 4 HO	1.5EX	Male	4.RACE White		May	E 21, 1896 ^{ar}	6. AGE (IN YEARS LAST BIRTHDAY) 89 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Coth. Po	C	Maryland	U.S.A.		WIDOWE			
s offer o	Ba	ltimore	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY 5403 Spr	inglak	e Way	ROTHER INSTITUTION 21212	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Lawyer	126 KIND OF BUSINESS OR INDUSTRY
AND 212		RESIDENCE (IF NURSING HOME OR ATE 13b COUNTY		DENCE BEFORE A YORTOWN altimo		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 5403 Springla	ke Way 21212
MARYL, ed within ompletely and 2 shape	/	HER'S NAME FIRST Maurice	widdle Hi	ginbot	hom	IS. MOTHER'S MAIDEN N. Alma	MIDDLE	Paul
BALTIMORE, the be executed and accompanies of the process of the medical accompanies of the medical ac		WWI YES I	E WAP OP DATEST	-22-13		J.P.Higinbot	ADDRESS thom 411 Alabama l	Road 21204
es that the need by the other computer from the please remuriel, are troumatic even		PART 2. OTHER SIGNIFICANT C	BETWEEN ONSET AND DEATH The second of the s					
The law require to the law require to the seen signification. It is to permit. Then you will be to the state of the seen to th	STIFIC	90 DATE OF OPERATION			PERATION	N WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
NG PHYSICIAN: 1 attending physics that this certificate as the buriol-trans th and Mental Hyginal And Mental	CAL	21g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		DNTH DAY	19	211 LOCATION STREET	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	COUNTY STATE
ENDI of or or or or or or or or or or or or or or or o		WHILE NOT WHILE 220.1 certify that (1) (this hospit saw the deceased alive an.	tol) attended the decea	sed from			. ta, n death accurred an the date and hau	19, that h (we) last
HOSPITAL OR ATT ined by the hospit FUNERAL DIRECTO old be detoched to n the Stote Dept. of ORTANT: If them 21		abave, (I) (we) (did) (did noi 22b. SIGNATURE ALL 22d. PHYSICIAN'S NAME (TYPE O	1 Fra	oth.		PEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPIT. TO FUNER, Should be with the Src	23n RI	C. Richard		123c NA	MF OF C		Chase St.	
BP	(5	PECBURIAL NERAL DIRECTOR	3-21-86			Ridge	Pikësville Bal	timore MaryTand
DHMH - 16 60M 7/84 (VRA 15, 4)		chell-Wiedefel	d Home 6500	York	Road	21212	MAR 26 1986	RAR'S SIGNATURE

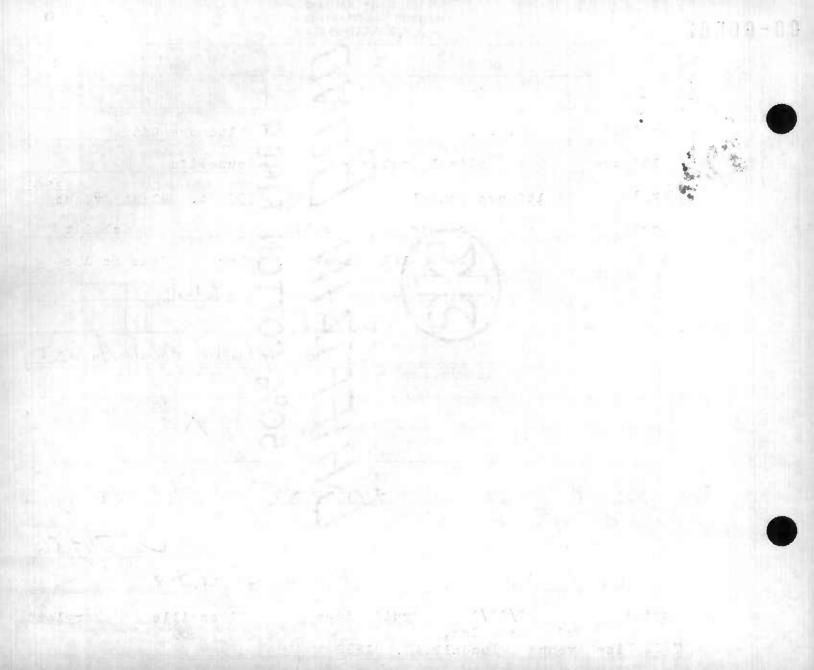
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dering the transmission of a selection of the series of the series and the series of t

236 DATE

Home

3/8/86

Martinsburg, WV 25401

~1-2mon IN CERTIFYING CAUSES OF DEATH? NOF YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinian death accurred on the date and hour and from the causes stated 22c DATE SIGNED 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN Central Chapel Cem. RFD Hedgesville Berkeley WV 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE W. King St POBox 821 who Devidson-Kandelle

26 HOUR

126 KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

James

12 Nga

YEAR

IF LINDER I YEAR

INDUSTRY

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Brown Funeral

Burial

(SPECIFY)

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		FOR		n	STA DEPARTMENT OF I	HEALTH	AND MENTAL	HYGIENE /	614	7 -	. 2 1	1
0311	1-	STATE REGISTRAR			ICAL EXAMIN				REG.) / (, ,, ,	,
001	1. DEC	EASED NAME	FIRST		WIDDLE	L	AST	2a. D			DAY YEAR	26. HOU
P. S. FOR YOUR PIES. W. PRESTON STREET	(TYPI	OR PRINT)	Thoma	95 W11	liam	Hof	f	DE	ATE KNOWN OF ESTI-		0 06	
	3 SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YE)		DER 1 YR. IF UNDER		DATE	3-10 MONTH	0 1986 DAY YEAR	2d HOUR
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5	FOI	REIGN COUNTRY)			AT COUNTRY?		D NEVER MARE	RIED 🔼				
7	10/00	Maryl		USA		WIDOWE				ore Cit		MD.
6	1				PITAL, NURSING HOME	, OR OTHE	RINSTITUTION		CCUPATION (TYPE OF WORK	OR INDUSTR	
Ц		Baltim			ident Hospi							
1	13a. S1	TATE	THE IN NURSING HOME		E RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN		34 INSIDE CITY LIMITS?	13e STREET A	DDRESS			
1		Maryla			Baltimore		YES NO	2904 A	llendal	le Rd.	21216	
2	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	WIDDLE		LAST	
		Kelly			Hoff	-	Angelita		P.	S	cales	
	Ide V	AS DECEASED	DEVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY	Y NO.	17 INFORMANT		ADDRE	ESS		
		No			None		Josephine	Jackso	n/2904	Allend	ale Rd.	21216
		18 CAUSE OF	F DEATH (Enter or	nly one couse per line							APPROXIMATE BETWEEN ONSET	INTERVAL
9		PART I DE	ATH WAS CAUSE	D BY: TE CAUSE (a)S	udden Infar	nt Dea	ath Syndro	ome			BETWEEN CHASE	AND DEATH
IAL, CREMATION, OR REMOVA			8,0,1		AS A CONSEQUENCE O							- 3
			ns, if any, which									
		cause (a)	stoting the under	(, , , , , , , , , , , , , , , , , , ,	AS A CONSEQUENCE O	OF						
		lying caus	se lost.	(0)								
				(c)								
		PART 2 OTHER STG	SNIFICANT CONDITIONS	CONTRIBUTING TO GEATH R	UT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN P.	ART 1 (a)				
	NO	PART 2 OTHER STO	SNIFICANT CONDITIONS	CONTRIBUTING TO OFATH R	UT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN P	ART 1 (a)				
	ATION	PART 2 OTHER SIG			UT NOT RELATED TO THE TERM			ART 1 (a)			20 AUTOPSY	
	IFICATION							ART 1 (a)				
1	CERTIFICATION	19a. DATE OF	OPERATION L CAUSE WAS	196 CONDITI	ION FOR WHICH OPER	ATION WA			OF INJURY IN ITEM	18 PART I OR PART	YESXX	NO 🗆
1	ū	19a. DATE OF 21a. EXTERNA UNDERLYING	OPERATION L CAUSE WAS	196 CONDITI	ION FOR WHICH OPER INJURY MONTH DAY YEAR	ATION WA	S PERFORMED?		OF INJURY IN ITEM	18 PART I OR PART	YESXX	
1	EDICAL CERTIFICATION	190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTIN	OPERATION L CAUSE WAS OR OCCURRED	196 CONDITI 216 TIME OF HOUR A.M. DEATH P.M. 216 PLACE O	INJURY MONTH DAY YEAR 19 FINJURY (ATHOME.	ATION WA	S PERFORMED? W INJURY OCCURRI		OF INJURY IN ITEM	N 18 PART I OR PART	YESXX	
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William

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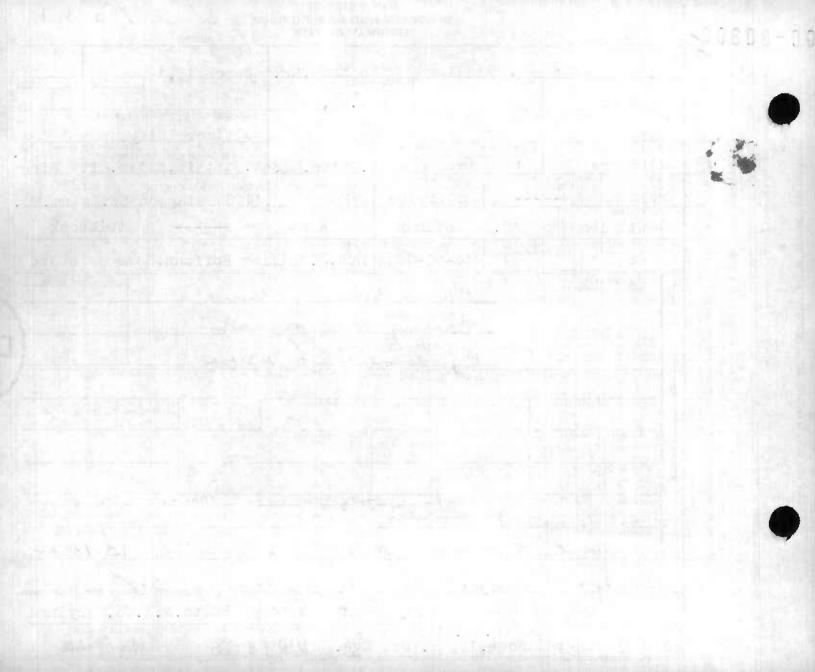
ell c. c.l.s

to Home Josephine Jectuca 2 of llendal Mi.2121

Creesian 3-11- Westwiew Me. era Catomisville. also. Co., Mi.

eremil w. Jones, Jr. . 1. 1101 id o.dson Ave.

00306	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HY ICATE OF DEATH	REG. NO.	3 / 0	.3 1
00000		CEASED NAME FIRST	MIDDLE		A51	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
oge 3 deoth	{ TYP]	Johr	will	iom	Toffman Ca	Wanah 47 4	006	
pog r de	3 SE		4 RACE	5. DATE C	Hoffman, Sr.	March 13 1	986 IF UNDER 1 YEAR	IF UNDER 24 HRS
ofte.			The Control of the Co	MONTE		76	MONTHS DAYS	HOURS MIN.
direc	70.0	Male RTHPLACE (STATE OR FOREIGN	White	OLINITAVA I	ot.28,1909	O DALTIMORE CITY OR COL	RS DE DEATH	
20 H 20 H		COUNTRY)		MARRIE	NEVER MARRIED			
		Maryland	USA	WIDOWE			ity	М
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		AL RESIDENCE (IF NURSING HOM		DENCE BEFORE ADMISSIONS Y OR TOWN	136. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP (2	1230
Fille State		ryland		ltimore	YES NO		co St. B	
2 she		ATHER'S NAME			15 MOTHER'S MAIDEN N	AME	CO DULIN	7.1.110.11
100 E	4	William	MIDDLE C. H	offman	Anna	MIDDLE	Steiñ	bock
5-	16n \	VAS DECEASED EVER IN U.S.		CIAL SECURITY NO.	17 INFORMANT	ADDRESS		
oge			CHIE MAIN OR DATES.			liam Hoffman,	Same as	ahous
rs. P	\vdash				HID.O.WII	Train Horrinan,		
pope novol.		18 CAUSE OF DEATH (Ente	r anly ane cause per line for USED BY:	(a), (b), and (c).)	1		BETWEEN	MATE INTERVAL ONSET AND DEATH
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os b	문					INC	ERTIFYING CAUSES	OF DEATH?
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d M	MEDICAL	216. INJURY OCCURRED	21e PLACE OF INJU	RY DRY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
hon hon rked	1 2	AT WORK NOT WHILE AT WORK						
eoliti mo			aspital) attended the decea	sed fram	John 19 8	2 to March	19 86,	that (I) (we) la
2 P H C	100	saw the deceased alive	on Orac	19 85,00	id that in (my) (aur) apinia	n death accurred on the date and		
ed for		22h. SIGNATURE	d not) view the body after de		DEGREE		22c DATE	SIGNED
# D D D D D D D D D D D D D D D D D D D		Kent	1 0 16	1	ATTENDING	MEDICAL STAFF		
Store ANT:		22d. PHYSICIAN'S NAME (IN	(15 (00 00) 1/1)	-01, 11	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	3-1	13-86
FUNERAL sid be det to the State ORTANT:		ZZE PITISICIAN STVAME (II	2 A		LITE ADDRESS	^1		
should be de with the Stat		DANdra (- HOWAR	O. Mis		Charles .	54.	
- 8 > 73		BURIAL, CREMATION, REMOV	VAL 236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	a MOUNTY	n STATE o
		Durtal	\$/18/86		ross Cemet	ery Balto.A.	.A.Co.Ma	ryland
· 16 60M 7/84	24 F	UNERAL DIRECTOR	Balto.Md.	21230	250 D	ATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNAT	URE
(RA 15, 4)	Mc	UNERAL DIRECTOR Cully Funer	al Home, 130	DADE. Fort	Ave. MAR	1 4 1986 9	Buidson-Ran	delle
, , ,		· ·	, ,		10/1/11	一		



Name of the Control o

FOR

13e.STREET ADDRESS / ZIP COD MIDDLE **ADDRESS** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ASPIRATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 200 AUTOPSYS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinian death occurred on the date and have and Iram the causes stated 77r DATE BIGNED MEDICAL STAF PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

REG. NO

MONTH

DAY

IF UNDER I YEAR

INDUSTRY

DAYS

12h. KIND OF BUSINESS OR

26 HOUR 14

IF UNDER 24 HRS

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

0660	23	1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYC	REG. NO.	100	O		
0000	-		EASED NAME FIRST	MIDDLE		AST		DAY YEAR 26 H	HOUR		
9 71		1	FRED	н	DLLIS		2 2	86	Y =		
you at	1	1 SE		4. RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		M NDER 24 HRS		
4 14			Male	Black	MONT	DAY YEAR	7.1	MONTHS DATS HOUR	RS MIN.		
Special Specia		7n BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	-		9 BALTIMORE CITY OR COUNTY	V OF DEATH			
12 B	17		S.C.		MARRIE	D NEVER MARRIED					
4 34	3/_/	10 C	TY OR TOWN OF DEATH	USA	WIDOWE		Baltimore Ci	12b KIND OF BUS	MD.		
3-1-1-1	20		Balto.	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		Retired		7.1 V200 O N		
24 hay	\$5		AL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 136. CITY OR TOV		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 5509 Price Ave	21215			
4 42	1	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME				
p 850	<100	F	lobert	Hollin	c	Amy	WIDDLE	William	S		
5	1	16a V	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC		Amy 17 Informant	ADDRESS		-		
Togs of	1/	(res, no or unknown) (18 yes, 0	250-40-4	427	Dorethea Hol	lins 5509 Price	Avenue			
9 00	2 f		18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), ar	id (c).	0 1		APPROXIMATE IN	NTERVAL AND DEATH		
1 12	th	13		ATE CAUSE (a) Carc	Inon	na ot h	ung	IYEA	R		
2 60	1		400 100 7 7 5 5	DUE TO, OR AS A CONSEOU	ENCE OF						
de de			Conditions, if any, which	(b)							
1	-	N	gave rise to immediate cause (a), stating the underlying cause last								
the state of	Dr. D			(c)							
r sign	to bo	NO	PART 2 OTHER SIGNIFICANT EMPHY	IS CASE	-						
os be-	Son	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS L FYING CAUSES OF D	EATH?		
40 41	o o	ERTI	210. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY	_	Tale HOW IN HIRV OCCUR	YES NOW YE		0 🔲		
the start	f = 0	_	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH D	AY YEAR	ZIC HOW INJURY OCCUR	(RCD (ENTER NATURE OF INJURY IN ITEM 18	PARTI OR PART 2]			
NS B	11/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19	21f. LOCATION					
五十五十五十五十五十五十五十五十五十五十五十五十五十五十五十五十五十五十五十	and a	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC	STREET	CITY OR TOWN	COUNTY	STATE		
Day to	100			pital) attended the deceased from	WIT	1085	5 FEB	10 6 that /	(I) we) last		
AT SA	T E	1	saw the deceased alive	19	85.0	nd that in (ny) (our) opinian	death accurred on the date and have				
A S S S S	1.1		obove, (I) (we) (did) (ald i	nai view the bady after death		DEGREE		22c. DATE SIGN	ED		
At Distoch	ote De		me	(lussu	n	ATTENDING)	MEDICAL STAFF DIRECTOR DHYSICIAN	3/4/	86		
D FUNES	PORTAN		JACK	N/SS/W		2435 W	BEVENERE A	VE BALT	2/2/		
54 44	1 5	230 E	BURIAL, CREMATION, REMOVA	AL 236 DATE 23c	NAME OF C	EMETERY OR CREMATORY	236 LOCATION	1			
BP			Burial	3/8/86 K	ina Me	emorial Park	Raltimore	COUNTY	STATE		
DHMH - 16 60	OM 7/84		INERAL DIRECTOR			250 DA	TE REC'D. BY REGISTRAR 256, REGIST		DC.		
(VRA 15,			Wm March F/1	H West 4300°Wat	ash A	ve. MAF	5 1986	VARIETY - Na. 1000			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

23¢ NAME OF CEMETERY OR CREMATORY

Auhurn

Cem

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

- STATE

072096

Dyett 4600 Lib. Ave.

236 DATE

23a BURIAL, CREMATION, REMOVAL

Burial

MAR 1 1 1986

23d LOCATION CITY OF TOWN

Baltimore

COUNTY

22c. DATE SIGNED

26 HOUR

23

126 KIND OF BOSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HR

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DAYS

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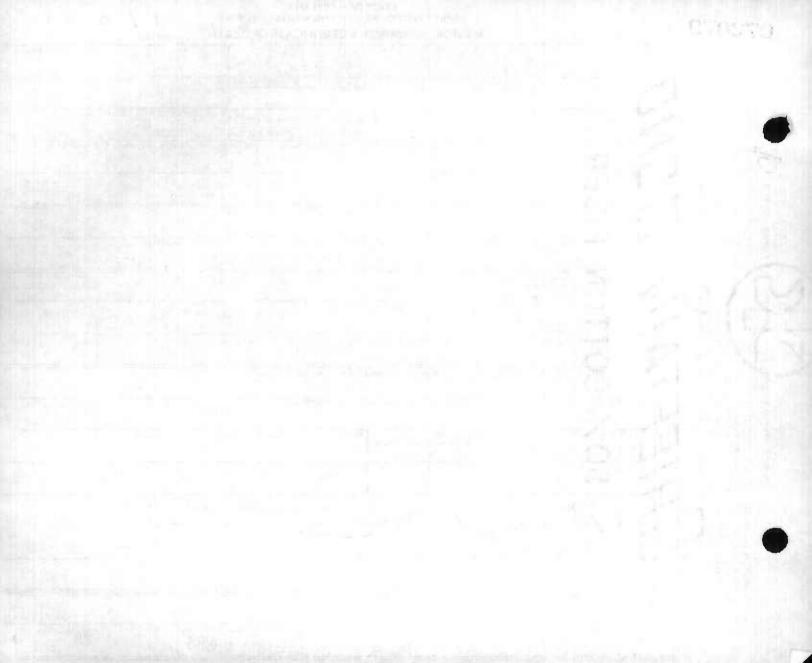
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RE LEAS	3 SE	X	14. RACE	IS. DATE OF BIRTH	6 AGE (IN Y	EARS IF UN	DER 1 YR. IF UNDER		MÖM		AR 124 HOUR
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SE HESS	/a. B	DREIGN COUNTRY)	TATE OR			MARRI	ED NEVER MARR	IED X	_		
S NECESSARY, PLEASE FUNERAL DIRECTOR. STOR YOUR FILES. SWITHIN 72 HOURS W. PRESTON STREET,		MARYL			J.S.A.	WIDOW			imore Ci		MD
188837 -	10. C	ITY OR TOWN	OF DEATH		PITAL, NURSING HOM		ER INSTITUTION	12a USUAL OCCUPA		ORK 12b. KIND OF OR INDU	BUSINESS
7 404 L	5	Baltir	nore	Johns	Hopkins Ho	spita	al	STUDEN			
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DO NO BENEFIT	13	lying co	Jse lost.	(c)							
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THE OF VIT	MEDICAL CERTIFICATION	21a. EXTERN	AL CAUSE WAS	21b. TIME OF	INJURY	[2]c HC	OW INJURY OCCURRE	D LENTER NATURE OF BUILD	RY IN ITEM 18 PART 1		NO XX
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ESERECE .	1	AT WORK	AT WORK								
O SE	1	22a. I cert	ly thut Took charg	ge of the remains des	cribed obove, held on	Autops	y . Inspectio	n XX. Inquiry	ond in m	пу оргліол	
NO COLES		death result	edirom Netur	ral couses/ XX	Accident . S	uicide .	Homicide .	Undetermined mon	ner .		
SE CHENT			11	14/1	11)	7	TITLE (SPECIFY)				
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SAN SAN SAN	1	EXAMINER'S	NAME Den	nis F. Sm	vtd. M.D.		ADDRESS 111 1	Penn St., 1	BAlto.,	Md. 212	201
TO MEDICAL EXAMINES: TEKECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; PAFIER DEATH WITH THE ST	230 P		TION, REMOVAL 2		23¢ NAME OF CE		NO DINEGO				
	(BUR IAL	,				CHEMATORT	23d. LOCATION CITY OR TOWN	_	COUNTY	STATE
07/84 BP	24 F	UNERAL DIRE	TOR	3-15-86	BALI	IMORE	IZSB DATE	BALTIMOR REC'D. BY REGISTRAR		MARY P'S SIGNATURE	LAND
DHMH - 17	1	NAME		ADDRESS				4000	HUMA DAV	William - Williams	
(VR AT5 ME (5))		WM.C.M	ARCH FUNE	RAL HOME	INC. 1101	E. NO	RTH AVENAL	(]] 1200	17		ACI HAMINE



			FOR STATE				MENT OF	HEALTH	AND MEN			0	7	0 4	2
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00	W W -		OR PRINT		E	lva			LAST		0	TE KNOWN F ESTI- TH MATED	(S7 -		
1	A SEE SEE	3. SEX		June 4 RACE	5. DATE OF BIRTH		6. AGE (IN YE	Hor ARS IF UN		UNDER 24	HRS. 2c. D	ATE	MONI	3/ 21/19 {	AR 24 HOUR
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4	TOTAL SEA		REIGN COUNTRY)	TATE OR	76 CITIZEN OF WH	AT COUN	TRY?	8 MARR	IED NEVER	MARRIED	9. BAL	TIMORE CIT	Y OR COL	UNTY OF DEATH	
•	SE S	M	arylan	d		U.S.A		WIDOV		ONORCED		altimo			MD
	PAGE PAGE BEFILED	10. C1	ryoktown Balti		11. NAME OF HOSE (IF NOT IN SUCH FACE 11 W. 2	ILITY, GIVE ST	REET ADDRESS)	E, OR OTH	IER INSTITUTIO)N 12	FOR MOST OF Cle	WORKING LIFE)	(TYPE OF WOR	ORK 12b. KIND OF OR INDU Civil	Service Service
21201	IF ANY DELA 3. RETAIN P SHOULD BE RECORDS	USUA 13a S			OR OTHER INSTITUTION, GIV	RESIDENCE	BEFORE ADMISS OR TOWN CIMORE	ION)	13d. INSIDE CITY LI	IMITS7 131	SIREET AD	DRESS st 20t	h St.	21218	
WD.	A SATH	14. FA	Adam		WIDDLE	Ноз	LAST		15. MOTHER'S Mary	MAIDEN	NAME	llie		Nehrer	
IMORE,	# 4 9 × 4 9 ×	lóa V	AS DECEASE	DEVER IN U.S. AR	MED FORCES?	166 SOC	IAL SECURIT	Y NO.	17. INFORMAN	ΝĪ	2160	Timot	hy Dr	rive	
ALT	A SERVICE A SERV		No	(ii res, one	WAR ON DATEST	212	-10-71	28	David	Rohde	West	minste	r, Mo	a. 21157	
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10	VAL VAL		-	IMMEDIA	TE CAUSE (o) Art				<u>ardiova</u>	scula	ar Dise	ease			
RETO	EWO SET			ns, if any, which	DOL 10, OK	AS A COI	SEGUENCE	Or							
1 3	ANI		couse (a	se to immediate) stating the <u>under</u> -	DUE TO, OR	AS A CON	SEQUENCE	OF				1			1
201	DAM BEAN		lying car		(c)								1		
ONDS	ULD BE EXECUTED BE EXECUTED BY WENDING SED AS A BUT HEALTH AND ALL, CREWIT	Z	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UI NOT RELA	TEO TO THE TERM	MINAL OISEAS	E OR CONDITION GIV	VEN IN PART I	101				
LRE	HOULD BE RD "PEND HIEF MED USED AS OF HEALT RIAL, CRE	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	RATION W	AS PERFORMED	D?				20 AUTOPS	SY?
VITA	SHOUL VORD "I VORD "I CHIEF BE USE NI OF H BURIAL	TIFE												YES [NO 💢
DIVISION OF VITAL RECONDS	ETECHO		UNDERLYING	AL CAUSE WAS OR ING CAUSE OF E			DAY YEA	R 21c H	OW INJURY OC	CCURRED (ENTER NATURE (OF INJURY IN ITE	A 18 PART I OF	R PART 2)	
DIVISI	E. THIS CERTIFICATE, WRITING THE RWARDED TO 1. PAGE 3 SHOULS STATE DEPARTAD. 2. 21201 PRIOR 1.	MEDICAL	WHILE AT WORK	NOT WHILE C	21e PLACE C STREET, FACTO				CATION STREET		СітУО	RTOWN		COUNTY	STATE
	日本〇番半月		22e I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry . and in my opinion								y opinion				
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: (, WITH THE		death result	red fram: Natur	ol causes X.	Accident	1. Pe	licide	, Hamicide		Undetermined	manner L	١.		
	CAL EXA THE CER SHOULD SHOULD STAL DIR STE, WILL		ACTUAL SIGNATURE		1	10			TITLE (SPEC		_MEDICALE		DA	TE 3/23	/86
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN		EXAMINER'S	NAME		-				2 C-CHILL	-WEDICALE)	KAMINER	SIG	3NED 37 23	00
	TO MEDICE EXECUTE PAGE 4 STO FUNE AFTER DE BALTIMO		(TYPE OR PRI	NT) Gre	egory R. K					111	Penn :				
		23a.Bl	Cremat	TION, REMOVAL ?	36. DATE Mar. 26, 198	1			R CREMATORY		23d. LOCATIO			COUNTY	STATE
07/B4 25M	BP	24. FL	INERAL DIRE		10,190	OlMe	stvie	w Men	orial P		Baltin D. BY REGIS	TRAR 256 R	Maryl EGISTRAR	Land L'S SIGNATURE	
	DHMH - 17 (VR A15 ME (5))		# .4.	Elhan	at owin	gs Mi	lls,	Md. 2		MAR	2.4 109	36	To Alexander	Ronds	the #

Analyze's superior for the late of the William William William St.

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00-01874	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 6 0	7 6 4	3
	1. DEC	CEASED NAME FIRST	M	IDDLE	L	AS1	28. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
1 14	(IIIFE	IVIE	AIL (N	IMN)	HOU	GHTLING	03.	-23-86	M
100	3. SE)		4. RACE		5. DATE C	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
35	F	emale	Cauca	asian	30	3-21-15 YEAR	70 _Y	RS	
2 1 to 2 500 p		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	VHAT COUNTRY?		D WENER MANNER TOX	9 BALTIMORE CITY OR COU		
JULY DO		aryland	U.S.A	1.	WIDOWE		Balto. Cit	y	MD.
	1000	or town of DEATH Baltimore	I IF NOT IN SUCH	FACILITY, GIVE STREET	G HOME C ADDRESS) A V.O.	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Operator	NG LIFE) INDUSTRY	FBUSINESS OR Tel. Exch
LAND 2120	130 S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION, C INTY	Baltim	ore	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 213 Pontia	c Ave.21	225
A STATE OF THE STA	14. FA	THER'S NAME FIRST	MIDDLE	Hough:	tline	15 MOTHER'S MAIDEN NA/ Ann	B. MIDDLE	ZeI	ler
BALTIMORE, MA cote be executed system and commo opers. Pages or orivol.		VAS DECEASED EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	219-01-	RITY NO.	17. INFORMANT Leland Var	ADDRESS Banderhoff 102		
ATTENDING PHYSICIAN: The low requires that the death certificate bispital or attending physician. CTOR. After this certificate has been signed by the attending physician of for use as the burial-transit permit. Then please remove carbon papers of Health and Mental Hygiene prior to burial, cremation, ar remaval. In all is marked or tem. 18 shows any injury, or other traumatic event, the	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause [0], stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR DUE TO, OR (c) CONDITIONS CO 19b. CONDITIONS CO 21b. TIME OF HOUR A.A. P.A. 21c. PLACEC (AT HOME, STRE	AS A CONSEQUE TION FOR WHICH INJURY A. MONTH D, A. DE INJURY FIET, FACTORY, OFFICE, F	ENCE OF ENCE OF OPERATIO OPERATIO AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURE 211. LOCATION STREET	YES NO NO NO NO CITY OR TOWN	FYES, WERE FINDIN ERTIFYING CAUSES YES M 18, PART 1 OR PART 2) COUNTY	IGS USED OF DEATH? NO STATE
HOSPITAL OR inned by the hor FUNERAL DIRE wild be detached in the State Depth the State Depth in the State D		sow the decessed plive cobove, (I) (we) (did tidid in the color of the	OR PRINT)	ofter death.		ATTENDING PHYSICIAN [depth occurred on the dote one	22c. DATE	
5 g 5 g g	23a. l	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	L '	Burial	3-25-8	36 C	edar	Hill Cem.	Balto.	Α.Λ.	MD
DHMH - 16 25M (VR A 15 (4)) 9/74		ineral director ccully Funer		E. Rata s Balt	psco o.,M	Ave.	R 2 7 1006	GISTRAR'S SIGNATU	

June south Ligary south a fight of a first Cardiac Albert Myocardial Westeral SEVER PREVIOLEIA 36 05-8 32 HI-8 32 Cod-2 V Wally CHORDY S GONDON HO DOD IN DESIGNATION DELTES . IN CHIEF WARE I PS HAW

		1				STATE	OF MARYLAN	ID		4 09	1 A 0	
		11-	FOR STATE		DEPARTA	MENT OF HE	ALTH AND ME	ENTAL HYGE	NEO (3 /	0 11 11	
0 - 0	12384	1,-	REGISTRAR	ME	DICALE	XAMINE	R'S CERTIFIC	CATE OF DE	ATH RE	G. NO.		
0 - 0	2304		CEASED NAME FIRST		WIDDLE		LAST		20 DATE KNOW		DAY YEAR	2b HOUR
		(TY	E OR PRINT)		10				OF ESTI			1.00%
	PLEASE ECTOR. FILES. HOURS	-	James		6,		House		DEATH MATE		25 19 86	M
	SEESE	3 SE	1. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YR.	IF UNDER 24 HRS	PRONOUNCED	MONTH	DAY YEAR	2d HOUR
1.	N 2 G B.	N	8.10 Black	Taly 10	- 40	45 YRS.		min.	DEAD	3	26 1986	7:20P
M_	STAN	70. B	RTHPLACE (STATE OR	16. CITIZEN OF W	HAT COUNT				9 BALTIMORE C	ITY OR COUN		
	NECESSARY, PLEASE UNREAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET,	FC	DREIGN COUNTRY)	7/ 0	0		MARRIED NEV	-	D-1+:-			
Walter	S NECESS FUNERA 5 FOR D, WITHII	10.0	ITY OR TOWN OF DEATH	II NAME OF HO	17.		VIDOWED [DIVORCED L		ore Cit		MD.
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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McCully Funeral Home/Pasadena, Md. 21122 MAR 27 1986)4		McCully Fune:	ral Home/Pa	sadena.		AR 2 7 1986 Julia	Davidson-Randelle

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IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exa



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offerda offerda offerda offerda offerda	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTOR)	Y Y, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN	COUNTY STATE
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BP	23a E	urial, cremation, removal Burial	March 15,19	986 Glen B	EMETERY OR CREMATORY Haven Mem. Pk	23d LOCATION CITY OF TOWN	ie An	ounty STATE MI
DHMH - 16 60M 7/B4 (VRA 15, 4)	11.0	NERAL DIRECTOR Cully Funeral H	3204 Mg	ountain Ro dena, MD	d. 250 DAT	TERECID. BY REGISTRAR 18 1988	25b. REGISTRA	S SIGNATURE

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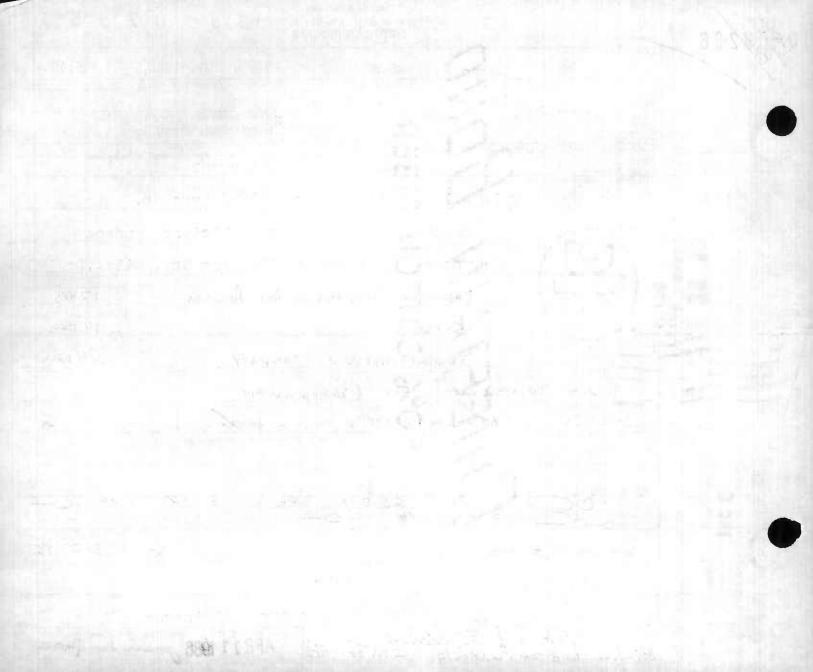
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/ X Th	BRYON	Alan	HUDSON	MARCH 27, 1986	5;40A _M
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ineral di	TO BIRTHPLACE (STATE OFFOREIGN Delaware	USA	MARRIED NEVER MARRIED MIDOWED DIVORCED	BALTIMORE CITY	OF DEATH MD.
by the fu	BALTIMORE			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Student	126 KIND OF BUSINESS OR INDUSTRY
AND 212	USUAL RESIDENCE (IF NURSING HOME OF 138 STATE 138 COUR NEW NEW	Cother institution give residence before NTY 13c CITY OR TOWN Castle Wilmin	N 113d INSIDE CITY LIMITS?	13. SIREET ADDRESS / ZIP CODE 1515 Ayre St.	99999
MARYLA mpletefy ond 2 sh	Marvin	Hudson	is mother's maiden N. Elizabet	MIDDLE	udson
ORE, od co	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
Po o o o o o o o o o o o o o o o o o o	ho	none	Parents 1	515 Ayre St., W	ilm., De 19804
ST., BAL rtrificate physical on poper emoval.	IMMEDIA.	nly one cause per line for (a), (b), and BB. TE CAUSE (a) VASO METER	IR INSTABILITY A	no Acadosis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LZ HES
he death acemore carbon or motion, or ritroumatic	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		14 DAG
by the cose remote. Cremote other tra	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		ERAPY	24 DAUS
RDS, 20 equires 1 Then ple 1 to burio		CONDITIONS CONTRIBUTING TO D	FOR CARDIO MYCH	MINAL DISEASE OR CONDITION GIVE	N IN PART I ia
he law require to permit. The ene print. The ene print. The permit. The permit is provided by the permit is the permit in the pe	190 DATE OF OPERATION 3-3-86 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
OF VIIT	OR COLUMNIC CALLES OF DE	HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN JIEM 18 PAI	RT + OR PART ?)
DIVISION OF CONTROL OF TO THE CONTROL OF STREET OF THE CONTROL OF	CAUSE OF DEA	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN Ispatol or CTOR: At Ispatol	sow the deceased alive an above, (Nymor did) (did no	tall attended the deceased from		to 3 -27 10 death occurred on the date and have	
TAL OR A the horal DIRE detached to Dept.	22b. SIGNATURE	Back M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-27-86
O HOSPITA Co HOSPITA To FUNER should be do with the Sto	22d. PHYSICIAN'S NAME LIVE OF	7.1	THH.		
79999	230 BURIAL CREMATION, REMOVAL (SPECIFY) Entombment		AME OF CEMETERY OR CREMATORY thedral Cemeter	3	
DHMH 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME	PANE, Their	E/KTON. M. 250 DA	APR 11 1986 your	AR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2a. DATE OF DEATH DAY 26 HOUR 82 0 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAIS 9. BALTIMORE CITY OR COUNTY OF DEATH

BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN

136 COUNTY

4. RACE

18 CAUSE OF DEATH (Enter only one cause per line tonia), (b), and ic

IMMEDIATE CAUSE (a)

FIRST

MARRIED LI NEVER MARRIED WIDOWED

DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

HomomAKER

13e.STREET ADDRESS / ZIP CODE

12b. KIND OF BUSINESS OR INDUSTRY

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 3a STATE

4 FATHER'S NAME

O CITY OR TOWN OF DEATH

- STATE

DECEASED NAME

Sallo

LAST

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!

13d INSIDE CITY LIMITS? NO 15. MOTHER'S MAIDEN NAME

GERTRNDES+

21216

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) () NKNO UN

PART I. DEATH WAS CAUSED BY

17 INFORMANT 16b. SOCIAL SECURITY NO

mos LOONNA

THOMOSON

APPROXIMATE INTERVA

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A/CONSEQUENCE OF repsie DUE TO, OR AS A CONSEQUENCE OF CUA

20e AUTOPSY?

190 DATE OF OPERATION

21d INJURY OCCURRED

21a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

22d. PHYSICIAN'S NAME LIVE OFFRINTI

CREMATION, REMOVAL

216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

neunionen

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

86

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES [

06

P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

211 LOCATION

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CITY OF TOWN

COUNTY STATE

saw the deceased alive an. abave, (1) (wer (did) (did not) view the bady after death. 226. SIGNATURE

220.1 certify that (I) (this beaptial) attended the deceased from

DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

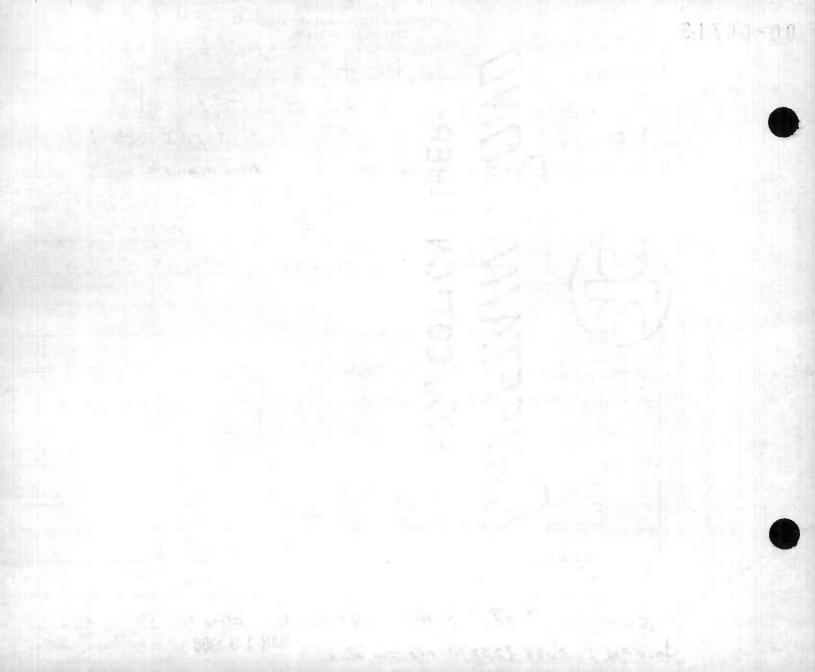
and that in (my) tour opinion death accurred on the date and have and from the causes stated

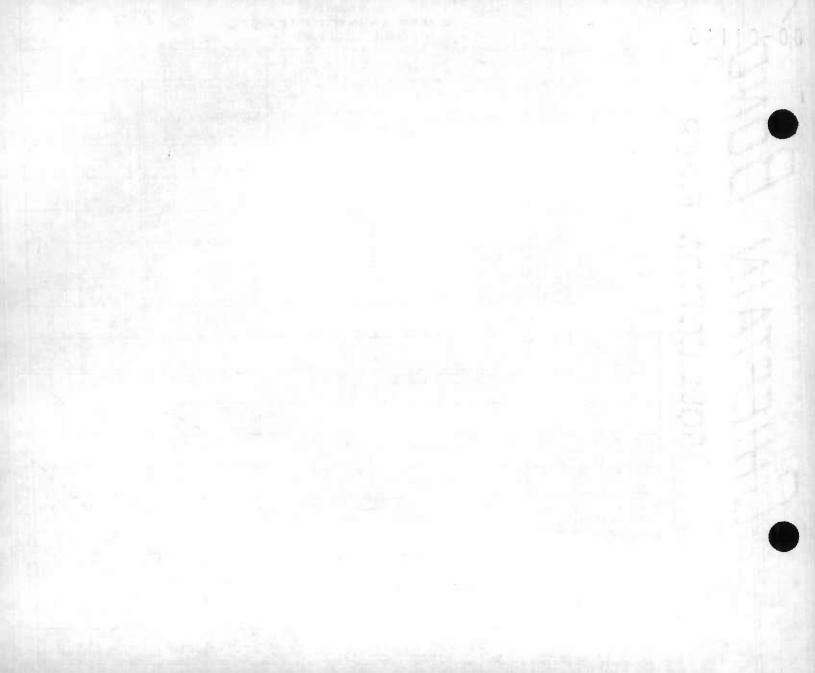
22¢ DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Rugg 7222 W. NORTH





BP

DHMH - 16 60M 7/84 (VRA 15, 4)

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	ST	AT	E O	F.M.	ARYL	AN
DEDA	DESIGNAT O		IF 6 1	221	6 3 LP	-

D DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

	1-	FOR STATE REGISTRAR	/ 0 -	, 0						
1		CEASED NAME FIRST	MIDDLE		AST	REG. N.	MONTH	DAY YEAR	2b HOUR	
-	(TYPE	ALICE (WHITRIDGE	IGL	EHART		3	10 86	110	
	3. SE)		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 14 HRS	
		Female	White	June	4	86 YRS.		MONTHS DATS	HOURS MIN.	
1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
)		MD	USA	WIDOWE		Baltimo	ore_(Gitv	-I MD	
Ş,	10 C'	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON	12b. KIND OF	BUSINESS OR	
Ü	92	Balto.	Keswick Home			Homema			Home	
p		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	. TID COS	2121	0	
2		MD	Balto		YES X NO	100 W. U	nive	rsity Pl	«Wy.	
_	14 FA	THER'S NAME FIRST	MIDDLE LAST	300	15 MOTHER'S MAIDEN NAM	AE	ulli 3			
		Thomas	Whitridge		Mary	MIDDLE		Bowie		
,		AS DECEASED EVER IN U.S. AR		JRITY NO.	17 INFORMANT	ADDRE	55			
	(1	NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	5461	Anne I. Sor	mmers. C	hevv	Chase,	MD	
		18 CAUSE OF DEATH (Enter or		MATE INTERVAL						
-		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (D) CARD	io K	ESPIRATORY	FAILURE		3	DAYS	
			DUE TO, OR AS A SONSEQU	ENCE OF						
		Conditions, if any, which	(1b) CERE	BRA	L VASOULAI	R ACCIDE	ENT	21	705	
		gave rise to immediate couse (a), stating the		TO, OR AS A CONSEQUENCE OF						
d		underlying couse lost	10	YRS						
is there	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
-	ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	NI WAS DEDECTRASED	20a AUTOPSY?	Tank is ve	S, WERE FINDING	On Lines	
1	CERTIFICATION	DATE OF OFERATION	THE CONDITION FOR WHICH	OFERATIO	N WAS PERFORMED		IN CERT	IFYING CAUSES	OF DEATH?	
	ERT	21a ACCIDENT WAS UNDERLYING	7 21b TIME OF INJURY	-	21¢ HOW INJURY OCCURRI	YES NO NO	1	ES 🗌	NO 🗌	
1		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	211 HOW WYJOKI OCCORKI	ED (ENTER NATURE OF INJUI	SA IM ILEW IR	PART I OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	ALL LOCATION					
	ME	WHILE IT NOT WHILE IT	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		AT WORK		44.	6-77	At a cil				
		saw the deceased alive on	tol) offended the deceosed from_	2 AN		to	. 11		hot 🕪 (we) lost	
		abave, (4) (we) (did) (did no	to view the body after death	, 01	nd that in (my) (our) opinion d	leoth occurred on the do	ite and ha			
		415	Hat		DEGREE	MEDICAL STAF	F	22c DATES	1-190/	
		22d MICIAN'S NAME LIVES O	1 admin	19-1	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN	3-1.	1-1100	
		JOHN F. A	HARTMAN		4	one 700	w. 4.	off St	BALTO MB	
ĺ	23a B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		COUNTY .	STATE	
		Cremation			Mount	Balto.,		\sim	1D	
	24 FU	NERAL DIRECTOR Henry	W. Jenkins &	Sons	CO. 250 DATE	REC'D. BY REGISTRAR				
	49	005 York Road	Balte, MD	2121	2 MAR	1 3 1986	wand	jeurdson-Ra	nous	

Famile June 1, 1398 e vi tone horenes votos e si lo Balto. W. University Prays. Thomas V 7 LIE & EAST and 1. Don't ar , chavy this, which is, which is, which is the second of th

Crar tion (43' S Coan voun B 15., L Fant Voun Co.

Henry V. Jen in Co.

106 For 116., V 111

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REGISTRAR			CERTI	FICATE OF DEATH	REG.	NO.		
1 DECEASED NAME	FIRST	MIOO		EAST	20 DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
	KERHIT	1	IR	BY	3	118	6	329 AM
3 SEX		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHOAY)	MONTHS DAYS	HOURS MIN.
MALE	L. WE.	C	5	16 26	59	YRS		
To. BIRTHPLACE (SI	TATE OF FOREIGN	76. CITIZEN OF WH.	AT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	_	TY OF DEATH	
VIRGINI	A	USA	WIDOW		BACTIM	UPE	CITY	MD.
LE CITY OR TOWN	OF DEATH		PITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA		126. KIND C	OF BUSINESS OR
BALTIMOR	E CITY/	UNIVERSI	M OF MARY	LAND HUSPUTAL	DAVEBEA	LU CITO	J Con	STRUCTO
ISUAL RESIDENCE	(IF NURSING HOME OR		RESIDENCE BEFORE ADMISSION	113d INSIDE CITY LIMITS?	113e STREET ADDRESS	S / ZIP CO	DE	
MD	KE	NT	LHESTEP-TOWN	YES NO	ROUTEI	Bo	X 532	21620
FATHER'S NAME		MIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE		LA	ST
FRAM			IRBY	MERDIE			GARE	BER
ING WAS DECEASED			SOCIAL SECURITY NO.	17 INFORMANT	ADD	RESS	- 11-12	
UNKNOW		- Andrewson	228-24-018	M. MCBE	210E MD,	UNIV	OFMO	HOSP-
			far (a), (b), and (c)				BETWEEN	ONSET AND DEATH
PART I. DE	ATH WAS CAUSEI	E CAUSE (a) CF	ARDIAC AR	REST	- T			
		DUE TO, OR AS	A CONSEQUENCE OF					
	if any, which	(Ib) My	DCARDIAL L	NEARCTION				
	to immediate stating the		A CONSEQUENCE OF					
underlying	cause last.	(c) Si	EPS15					
	R SIGNIFICANT	ONDITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION	EIVEN IN PART 1	0
190 DATE OF C 2 19 210. ACCIDENT	NEMIA	3 ECONI			TRANSFUSIO	N (Je	LHOVIAS L	SINGS
S 190 DATE OF C			N FOR WHICH OPERATIO		200 AUTOPSY?		ES, WERE FINDI	
1 2 19	186	NECR	OTIC BOW		YES NO		YES 🗌	NO 🗌
00.000,000,000,000	WAS UNDERLYING	1 216. TIME OF IN		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM T	8 PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAR								

MEDIC 21d INJURY OCCURRED

21e PLACE OF INJURY

(AT HOME STREET, FAGTORY, OFFICE FARM, ETC.)

211 LOCATION STREET

10 MARCH

CITY OR TOWN

86

STATE

COUNTY

sow the deceased alive on MARCH above, (I) (we) (did) (did not) view the body after death and that in (my) (aur) opinion death accurred on the date and have and from the causes stated 226. SIGNATURE DEGREE 221 DATE SIGNED

22e ADDRESS

ATTENDING MEDICAL STAFF PHYSICIAN

MCBRINE

NOT WHILE

22a I certify that (I) (this haspital) attended the deceased from.

23d LOCATION

230 BURIAL

23b. DATE

23c NAME OF CEMETERY OR CREMATORY SILVER RROOK CREM

CITY OR TOWN

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene priar to

Hern

morked or

If hem 21 is

IMPORTANT.

this certificate has been

TO FUNERAL DIRECTOR

BP.

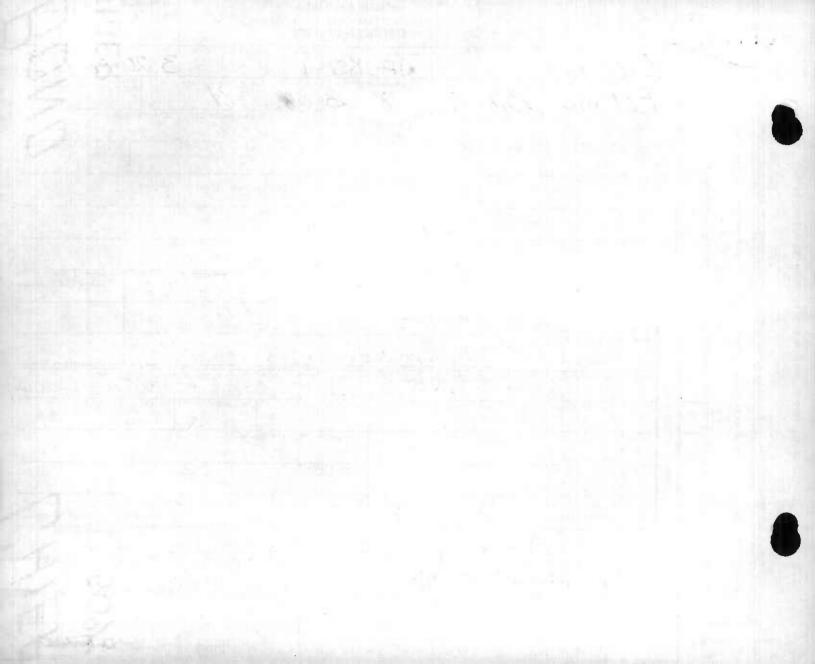
24 FUNERAL DIRECTOR

MILLINGTON

2165

WILM

-+	1				OF MARYLAND	o a n	7 6 5 5
-01 16	1	FOR STATE	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	IENEO O	
1-01117/	1	WEGISTRAR	MIDDLE	CERTIT	CATE OF DEATH	REG. NO.	DAY YEAR TO HOLLD
.45	LTYP	CEASED NAME FIRST		To	Kond	7 DATE OF DEATH MONTH	71 5/ 1155
poog dear	-	CILLIAN,	0.	JHC	-U20V	J	20 00 10 AM
frer p	3 SE	X Tooksole	RACE	5. DATE C	PEARTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge		1-EMAIE	DIACI	8	25 08	YR	
2 Pd P		IRTHPLACE STATE OR FOREIGN 71	CITIZEN OF WHAT COUN	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COU	
deot deot		Va	USA	WIDOWE	DIVORCED [Baltimore c	
he fee			1. NAME OF HOSPITAL, N	STREET ADDRESS)		12a USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKIN	17b. KIND OF BUSINESS OR
5 2 A		Baltimore	Bon Secours	Hospita		Retired	
t how	13a.	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE 1.3c. CITY OF	E BFFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	ODE
AND 24		Md	Balti	more	YES X NO	1931 Harlem /	Avenue 21223
RYL,	14. F	ATHER'S NAME FIRST MI	DDLE ". LA	ST	15. MOTHER'S MAIDEN NA	ME	LAST
AM be do cox	J	ohn	Ra	ndall	Carrie		Hayes
Security Sec	16a	WAS DECEASED EVER IN U.S. ARM YES, HOUR UNKNOWN)	MAD OD DATES	SECURITY NO.	17 INFORMANT	ADDRESS	
W S S S S S S S S S S S S S S S S S S S		NO	218-	18-3078	James P. Rand	dal 3828 Belle	
BALI		18 CAUSE OF DEATH (Enter only	one couse per line for (o), ((by and (c))		1 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	-	PART I. DEATH WAS CAUSED IMMEDIATE		Juico	dar da	Chy corde	1
TON central control			DUE TO, OR AS/A CON	SEQUENCE OF	n. n	7.60	
deo de o	10	Conditions, if ony, which	((6)	1180	Rende	Januare	
the the removement		gove rise to immediate cause (0), stating the	DUE TO, OR AN ACON	SEQUENCE OF		La Cai	The second report
thot thot d by eose ol, cr	L	underlying couse lost.	10 (FIL	umm	my Ju	M (MUDG	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician or completely filled in by street this certificate been signed by the ottending physician or completely filled in by as the burnol-transit permit. Then please remove carbon partitional permit. Then please remove carbon partitional permit in ond Amental Hygiene prior to burnol, cremation, with many control of examiner must be filled in by orked or frem 18 shows any injury, or other troumpile.	1,	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT REVALED TO THE TERM	INAL DISEASE OR CONDITION	
ORD requirements	ē	Drabe	to m	ellete	DU i	December	Wheer (Saeum
SECC low low some some some some some some some some	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
TAL STORE TO STORE TO STORE TO STORE STORE STORE TO STORE ST	E				Ta:	YES NO	YES NO
FVITA Physics The physics of ficote -fronsit of Hygin		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	1216 HOW INJURY OCCUR	RED (FINTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)
ON OF HYSICIA ding pl s certif buriol-t Mentol	NA N	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
SION PHY SION OF THE BUT OF THE B	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
DIVIS por other 1 After 1 morked morked		AT WORK AT WORK			Y. 9.		
S S S S S S S S S S S S S S S S S S S		22a. certify that (I) (this hospital sow the deceased alive on_	1) ottended the deceased	67	19 00	10 0 10	hour and from the causes stated
ATT OSPIT OS		obove, (1) (we) (did) (did nat)	view the body ofter death			death occurred on the gote ond	
OR DEP		22b. SIGNATURE	los e. la		ATTENDING	MEDICAL STAFF	THE DATE SIGNED
	-	224 PHYSICIAN'S NAME (TYPE	Try - w		PHYSICIAN S	DIRECTOR PHYSICIAN	2/20/86
OS TAPE		1550 1 M	Dr GM2	MIST	THE ADDRESS BOW	SE CONTA	905 FITTO C
O HOSPITAL etoined by t TO FUNERAL should be det with the Store	-	In HIVIOR	0 01.00	(1/4)	12011. W.	BALT (mores	31 M-2122
	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	2/26/06	100	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY
BP	24.5		3/25/86	Zion Hi		Gloucester E REC'D. BY REGISTRAR 236 REC	Co Va
DHMH - 16 50M 4/83		UNERAL DIRECTOR		DRESS	6	1 0.	Javids Mandell
(VRA 15, 4)	W	11 iam C. March F	/H West 4300) Wabash	Avenue MAR	2.4 1988 guille	4



23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

3 5

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

3/20/86

23b. DATE

Balto. National Cem. Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d LOCATION

TURK.

26 HOUR

7:35am

IF UNDER 24 HRS

STATE

. we show a second

0-00718	1.	FOR STATE REGISTRAR		Т	DEPART	MENT OF H	EALTH AND I	MENTAL HYG		Ö REG. NO.	0	7 6	5 /
/		CEASED NAME	1951		MIDDLE		AST 4		2a DATE OF DE	ATH MON			2b HOUR
1 10	HOM	1000	mes		E.	Jack	DPI			03	18	3 86	6.10 PM
-	1. SE	male	4. R	Whi	te	S. DATE (DAY	YEAR 96	6. AGE (IN YEAR	LAST BIRTHDA		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1 135		RTHPLACE (STATE OFFICE COUNTRY)	Decision 7b (CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE		MARRIED	9. BALTIMORE Balti	CITY OR CO		OF DEATH	MD.
17/2	10 F	Ba Himore	DH 11.		HOSPITAL, NURS CH FACILITY, GIVE STREE NATH		PROTHER INST			PEPCE -	But]	er Bro	
135		AL RESIDENCE (# HURSE	IS HOME CHOTH	ER INSTITUTION	136. CITY OR TO			ио 🗌		oress / zii	P CODE	Balto. ts Ave.	, Md. #21229
1860		Jacob	MIDC		LAST		В	S MAIDEN NA/ FIRST arbara	A	NDDLE		LAST	
TIMORE,		VAS DECEASED EVER II YES, NO OR UNKNOWN}	U.S. ARMEI (IF YES, GIVE WA		3 15-09				Channin .McCubb	_		#21229	mate interval
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHTSICLAN. The law requires that the death certificate be executed within 24 Nov., afterding physician, and compressly filted in the certificate bat been signed by the attending physician, and compressly filted in at the build straint permit. Then please remove carboo papers. Pages 1 land 2 should be signed Meridina prior to burish cremation, or removal. An and Meridin Inspires prior to burish cremation, or removal.	N	Conditions, if any, gave rise to imm cause (a), stating underlying cause	ediate the last	(b) DUE TO, O (c)	OR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE C	R CONDITM	ON GIVE	N IN PART 11c	1
AL RECORD The low red dish. And been It permit. There exists. Owy only in	CERTIFICATION	1% DATE OF OPERATI	ION	19b. COND	DITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTOPS			WERE FINDIN	
CELAN. T © physic enticols indictions what live		210. ACCIDENT WAS UNDE OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC	AUSE OF DEATH		OF INJURY .M. MONTH { .M.	DAY YEAR	21c. HOW IN	IJURY OCCURE	RED (ENTER NATUR	F OF INJURY IN	ITEM 18 PAI	RI I OR PART 2)	
OLVISION Offer this on the bu	MEDICAL	21d. INJURY OCCURRI	n (1)		OF INJURY REET, FACTORY, OFFICE		211 LOCATIO	NO		ITY OR TOWN		COUNTY	STATE
ATTENDI Inputed or ICTOR, A differ our I. of Health		22a.1 certify that (I) (saw the decease above, (I) (we) (di	d alive an	3-17	19_	86 , 0		(aur) apinian	, ta3_death accurred a	n the date of		and from the	
MAL DR		226. SIGNATURE 224. PHYSICIAN'S NA	1 80	when	d	m		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	X	3-18	5-86
O HOSPITA eftained by TO FUNES, with the Std		John S	Southe	M M	nD		S	INAI	HOSP.		L		
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	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS IW. PRESTON STREET,	In C	TY OR TOWN OF DEATH	U. D,	SPITAL, NURSING HOM	WIDOWED [Balti a. USUAL OCCUPA	Imore Cit	Y 1126 KIND OF BU	MD.
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	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE PAGE 4 SHOULD BE PTO FUNERAL DIRECTO AFTER DEATH, WITH THE		EXAMINER'S NAME Ann	M. Dixon	, M.D.		111 F	Penn St.,	Balto.,M	D 21201	
	TO A PAGE	23a.E	URIAL, CREMATION, REMOVAL 2			ADDR	MATORY I	23d. LOCATION			
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2.	DHMH · 17	24. F	UNERAL DIRECTOR	7 poors	× 104/101	1 11 0		'D. BY REGISTRAR			
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2 2	-	1.5E)		4. RACE	5. DATE OF BIRTH MONTH DAY	TOTO	LIN YEARS LAST BIRT	HDAY) IF U	HS DAYS	HOURS MIN.
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T (Tab	1		PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b)	, and (ci.)				BETWEEN	NATE INTERVAL NSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 No. Profice (AN. The law requires th attending physician Viter this centifician has been agreed 3 act the burden drawn permit. They provided act they burden drawn permit. They provided act they burden drawn permit they provided act they burden drawn permit they permit they provided act they burden drawn permit they provided act they burden drawn permit they burden drawn pe	百万	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	TICH OPERATION WAS PERFORME	ED 200	AUTOPSY?	206. IF YES, W	ERE FINDING	GS USED
Al al par	1	TIFE				YES	□ NOX	YES []	NO [
N N 0 0 1	-/	CEN	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	THE PARTY AND ALCOHOLD	DAY YEAR 21c. HOW INJUR	RY OCCURRED (EN	TER NATURE OF INJUI	TY IN ITEM TO PART I	OR PART 2)	
O D D	19	CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	cant .	19					25/2018
o the same	18	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
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2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	0		220.1 certify that (1) (this has	pital) attended the deceased fro	om 15.5 28 , 1	19_80_, to_	MARC	H 1019	80 ,1	hat (New Yost
E 8 6 24	100		saw the deceased glive o	on MARCHIO	9_80, and that in (my lour	apinian death ac	curred on the do	ite and haur an	d from the c	auses stated
A SA		123	22h. SIGNATURE	1.	DEGREE				3-16	IGNED
4 7 P. S.			Wheet Dell	LAW WO	PHYS	NDING MEDI	TOR PHYSIC		3-10	-80
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90	-	23a 8	URIAL, CREMATION, REMOVA	MAR. 18, 1986	BETH HAMEDROSH F	MATORY 23d. 1	ROSEDAL	E Bú	LTO.	МБ
BP		74 FI	NERAL DIRECTOR SOL	LEVINSON & BRO	S. INC.	25a. DATE REC'D.				
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0111-5	OR TATE EGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6	07660
1 DECEA	PYRTLE	Jane	JACOBS JACOBS	20. DATE OF DEATH MONTH	1 86 2.18 M
3 SEX	Female	Vhite .	S. DATE OF BIRTH MONTH DAY YEAR O 1 26 05	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
COU	HPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	CITY MD
BA BA	LTIMORE /4	NAME OF HOSPITAL, NURSING INFORMATION OF HOSPITAL PARKET A	GHOME OR OTHER INSTITUTION DDRESS) HEALTH SYSTEM	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
USUAL 130 STA		ord 13c ATY OR JOWN	ADMISSION) 13d INSIDE CITY LIMITS2 YES NO 0	130 STREET ADDRESS / ZIP COD	
FATH	PER'S NAME OHO H	LAST FLYN	NOTHER'S MAIDEN NAME OF THE PROPERTY OF THE PR	NKNOWN	45
TYES.	S DECEASED EVER IN U.S. ARME NO OR UNKNOWN) (IF YES, GIVE W			Ener, 6911 Mt.Vi	Md. 21087 sta Road,Kingsv
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er fro	Conditions, if any, which gave rise to immediate ouse (a), stating the inderlying cause last	DUE TO, OR AS A CONSEQUE (b) STRE DUE TO, OR AS A CONSEQUE	YE		10 Ildays
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	DATE OF OPERATION NONE	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ESNO
-/ >	a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
B ¥ .	d INJURY OCCURRED	2 PLACE OF INJURY [AT HOME STREET, FACTORY OFFICE FA	RM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
S 123	saw the deceased olive an above (11) we) (did did nat) v		and that in my) (aur) apinian	death occurred an the date and ha	19, that (1) (we) lost or and from the causes stated
#	b. SIGNATURE	Water		MEDICAL STAFF DIRECTOR PHYSICIAN	3-11-86
MPORTANE	TIMOTHY	WATTS	3100 W/M.	AN PARY DRIVE	BATIMORE , BATIMORE
23e BUR	CIEYI		ame of cemetery or crematory ington National Cer	23d LOCATION	lington Va.

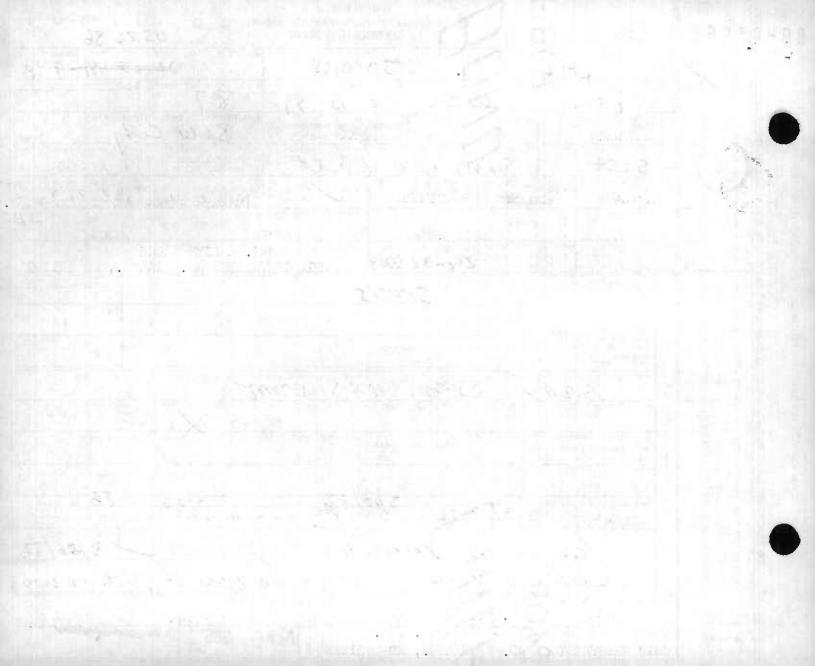
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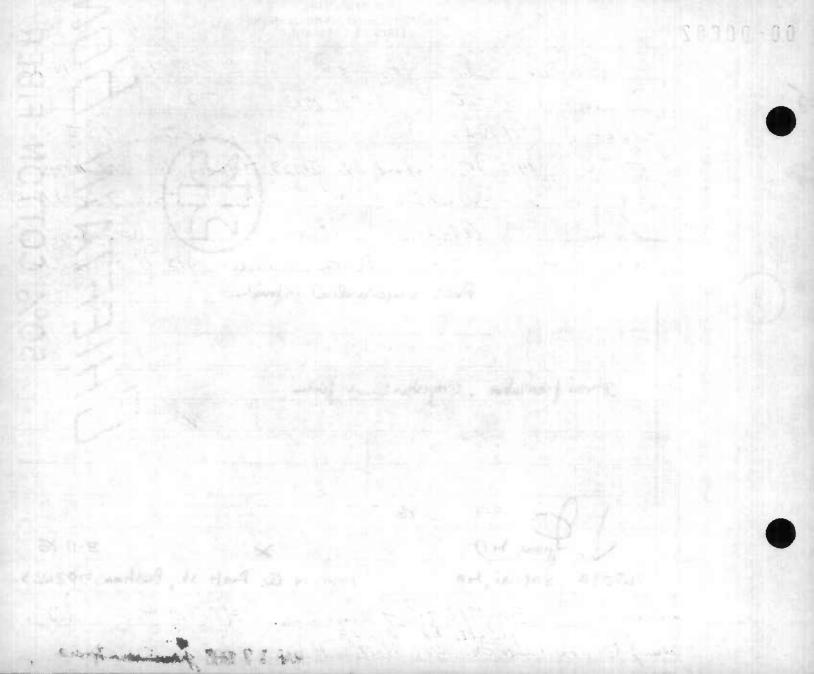
24 FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md. 21009

MAR 1 3 1986

				STATE OF MARYLAND		
0-01966	1	FOR - STATE	DEPARTN	NENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	13	3/001
10.01200	1125	REGISTRAR	WIDDLE	CERTIFICATE OF DEATH	REG. NO. U.S	DAY YEAR 126 HOUR
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hoy by	3.5		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 m		EMALE	WHITE	MONIH DAY YEAR 75 99	87 YRS.	MONTHS DAYS HOURS MIN.
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o offer	10.	Back Back	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I HOUSEWIFE	INDUSTRY AT HOME
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours sistion and completely fills ppers. Pages 1 and 2 should at val. it, the medical examiner mit.	£ 13e	STATE IN-COU		N 1134 INSIDE PITY LIMITS?	13e.STREET, ADDRESS / ZIP COD	E 2401 CROSS CNTR
LAND Jin 24 Jy fills should	1000	MARYLAND &	BALTIMOR	YES NO	Mickeysexxxxxxxxx	- 4. / / / /
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MORE or execute or execute or and conficient or medical	160	WAS DECEASED EVER IN U.S. AF	WE WAR OR DATEST		RS. ARLINE PRUCE	
TIM pe		NO	216-32	600 y 5503 SOU	TH BEND RD. BAL	
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the deather remove emation.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b) DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE			
201 ned pled uriol	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 110
NG PHYSICIAN: The law required of the ording physician. The this certificate has been signs the burial-transit permit. Then the and Mental Hygiene prior to be and Mental Hygiene prior to be a shown or the ordinal physician ordinal ph	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
A OF VITAL SICIAN: The ng physicia certificate hirial-transit it ential Hygies tental Hygies them 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		Y YEAR	RED (ENTER NATURE OF MURY IN ITEM 18	PART I OR PART 2)
DIVISION DING PHYSIS or attending and After this ce is as the burit oith and Mer	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN pital or of TOR: Aft far use as of Health		saw the deceased alive or	attended the defeased from_3/26/6/019_attended the defeased from_19_attended the body after death.	. ond that is (my) (pur) opinion	death accurred on the date and ha	19 65, that (II (we) last
TAL OR A yr the host RAL DIREC detoched detoched tote Dept.		22b. SIGNATURE	race B. M.	DEGREE PAULY PAD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/26/86
TO HOSPITAL retained by the TO FUNERAL should be det with the State		LAWRENC	EB. MARKS	6014A Cre	enMeadow Pky	Bald MD ZIZOS
	230	BURIAL, CREMATION, REMOVAL		AL TITLE OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	24		LEVINSON & BROS.	ALTIMORE HEBREW	BALTTMORE TEREGIDARY RESISTRATION	MARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)		010 REISTERSTOW	ADDRESS	MD 21215	0.1.1980	The second second





0-02056	1	FOR STATE	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIBNE 6 0 7	6 6 4
-	1. DE	REGISTRAR CEASED NAME FIRST E OR PRINTS	WIDDLE	LAST LAST	REG. NO.	DAY YEAR 26 HOUR
3	(11)	Ruth	M.	Janczewski	March 30, 1986	5:50 pm
E H	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rector		emale	Caucasian	Feb. 28, 1919	67 YRS.	MONTHS DAYS HOURS MIN.
th. P. 22 ho	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
deo deo		W Hampshire	U.S.A.	WIDOWED DIVORCED	Baltimore City,	MD.
offer with		altimore	(IF NOT IN SUCH FACILITY, GIVE STR Church Hospit		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Press Operator	12b. KIND OF BUSINESS OR INDUSTRY Can Mfg.
3 12 1	WSU		OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		Toan ring.
- /		aryland -	Baltimo	Ore YES NO T	123 Rochester P.	Tace #2122/
(AL)		ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MF	Eddo Walket
1 3		Michael	Mull	len Laura	MiDDLE Wi]	Lhelm LAST
7 7 7		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS Flor	rida,33407
8 84 1/		No	- 003-07-	7023 Patricia A. F	Kirk- 429 49th St	.West Palm Bear
5 6 6 5		18 CAUSE OF DEATH :Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b),	ond (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
low requires that the de. The state of the other of the other of the other please remove reprire to burnol, cremation is only injury, or other from	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iol. stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	~ osclerto	O DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YES	EN IN PART 1:0 WERE FINDINGS USED YING CAUSES OF DEATH?
ysicior ysicior cote h onsit p Hygier 8 shov	ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tale How blunds occur	YES NOT YES	S O NO
the state of the s		OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
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Spitol or CTOR: Al d for use of 1. of Healt m 21 is mo		sow the deceased alive a	n 2/20/86 19		, to 1986 deoth occurred on the date and hour	ond from the couses stoted
OR Photos		22b. SIGNATURE	111	DEGREE	UEDICAL CTARS	27c. DATE SIGNED
by the by the store detection in the store de		226 PHYSICIAN'S NAME (TYPE	vin		MEDICAL STAFF DIRECTOR PHYSICIAN	3/31/86
retoined by the TO FUNERAL I should be deto with the Stote IMPORTANT: If		Cracito Patri		703 S. Clin	ton Street #2122	
5 ₽ X ₹ ¥ ₹	23o. E	URIAL CREMATION REMOVA		NAME OF CEMETERY OR CREMATORY	236 LOCATION	-4
BP	B	species) urial	April 3,1986 s	t. Stanislaus Cem.	Baltimore City	COUNTY
IMH - 16 50M 1/81		INERAL DIRECTOR	*000000	250. DAT	EREC'D BY REGISTRARIZSH PEGISTE	ARS SIGNATOR
(VRA 15, 4)	Ge	orge A. Weber	& Sons Inc,-705	S. Ann St. APR	0 1 1900	À

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DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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		CEASED NAME FIRST ELSIE	SIMPSON		RVIS			AY YEAR	7:35 PM
	3. SE)	FEMALE	Black	5. DATE C	DE BIRTH DAY YEAR 15	6 AGE (IN YEARS LAST BIRTI		IF UNDER I YEAR	IF UNDER 24 MRS HOURS MIN.
1	S	CAROLINA	76 CITIZEN OF WHAT COUNTRY? U. S. A.	WIDOWE		BALTIMORE, MARYLAND			
4	E	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BON SECOURS HOSPITAL			120 USUAL OCCUPATION 126 KIND OF BUSINESS O (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIETARY AIDE BON SECOURS			COURS HOS
5	13a S	AL RESIDENCE (IF NURSING HOME OR 13b COUNTY) ARYLAND	13c. CITY OR TOWN	BALTIMORE 13d INSIDE CITY LIMITS?			TIL CODE		MONDSON ND 21223
0		ISHMAEL	S I MP SON		15. MOTHER'S MAIDEN NAM REESE	MIDDLE		HARR ISC	JN
		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECUR E WAR OR DATES) 212-22-48		LYNDA M. CEVI	14113°BR S LAUREL.			0708
			ly ane cause per line far (a), (b), and D BY E CAUSE (a)	Vas.	cular Acci	dent		-	NATE INTERVAL
	NO	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUEN (b)	NCE OF		NAL DISEASE OR COND	ITION GIVE	EN IN PART 1:0	
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO		
9	DATE OF	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURRE	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)			
-	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FAI	RM ETC)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
		saw the deceased alive on above, (1) (we) (1 dd) (did no	talk attended the deceased fram		nd that in (my) componian d	, to 3/12 leath accurred an the da	e and hour	and fram the c	
		226 PHYSICIAN'S NAME ILVEO	12/1 m	2	ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAF		3/13	/86
1		MICHAGEL N	· RUBINSTIEN, 1	h.D.	2000 W BA		, B.	eco i	1/223
	- {	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	3/17/1986 CED		EMETERY OR CREMATORY ILL CEMETERY			ORE, MA	
			UNERAL HOME, INC. PKWY. BALTIMORE		1210	AR 1 9 1986	Sh. REGISTE	PAR'S SIGNATU	Mandette.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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REG. NO	0
	3 - 7-86 26 HOUR
3. SEX 4. RACE 4. RACE 5. DATE OF BIRTH MONTH MONTH 10 6. AGE (IN YEAR 1/6) 76	THOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
WINDOWED DIVORCED BASE	PERCOUNTY OF DEATH
Baltinove Sundi Hospital, Nursing Home or other institution (Type of work for most of the sundi	DEMORKING LIFE) INDUSTRY
	ETON DR 21215
JAMES MODIE DOROTHY	ALDERSON
(YES, NO OR YHKNOWN) (IF YES, GIVE WAR OR DATES) 2/8-14-0913 MEdICAL RECORDS	ST MICHEALS
18 CAUSE OF DEATH (Enter only one couse per line for ta), (b), and ich part I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) Candian arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 110
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING PAGE (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	IRY (N ITEM 18. PART I OR PART ?)
TIME PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) THE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	/
270 Certify that (1) (this haspital) attended the deceased from 19 , 19 , to sow the deceased alive on 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased from 19 , ond that in (my) (our) opinion death occurred on the deceased fr	
ATTENDING MEDICAL STATE PHYSICIAN DIRECTOR PHYSIC	
PHYSICIAN DIRECTOR PHYSIC TO BE DE LA CONTROL OF PHYSIC TO BURIAL, CREMATION, REMOVAL 1236 DATE PHYSICIAN DIRECTOR PHYSIC PHYSIC PHYSICIAN DIRECTOR PHY	of Baltimone

DHMH - 16 50M 4/83 (VRA 15, 4)

(SPECIFY)
CREMATION 3-14-86 GREEN MOUNT
14 FUNERAL DIRECTOR E BARNES
FLEMME FUNERAL SERVICE BENSON ME

PSO. DATE REC'D. BY REGISTRAR'S 9 GNAT

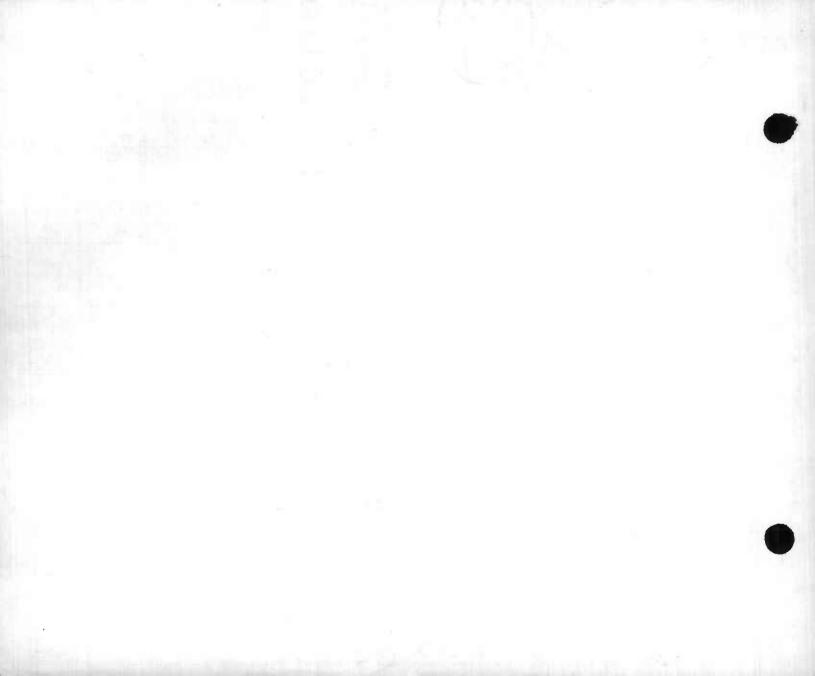
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00-	0 L687		REGISTRAR		FIRES		ME		EXAMI	NER'S	CERTI	FICAT	TE OF		-		3. NO.					
	(00)		DECEASED NAME FIRST				MIDDLE				LAST	20 DATE KNOW OF ESTI					-	HINOM			HOU	
	《美华》	Regin				5. DATE	A Jeffers DEATH M. 5. DATE OF BIRTH 6 AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE							, L	MONTH	22/19 DAY	86 YEAR 20	d_HQU				
	ON SI	Fe	Female Black		ck	12/15/55			30 YRS.		NTHS DAY	rs HOU	JRS MI	IN P	RONOU			3/	22/19		6:5 A	
	MECESSA FOR A MITHIN A	FO	RTHPLACE (ST REIGN COUNTRY) Mary Lai		76 CITIZEN OF WHAT COUNTRY? USA				B MARRIED NEVER MARRIE WIDOWED DIVORCEI						MORE CI	Y OF DEATH						
	SHARES C	Baltimore					II. NAME OF HOSPITAL, NURSING HOME, OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) University Hospital												F WORK 12h KIND OF BUSINESS OR INDUSTRY			
21201	AND 3 AND 3 RETAIL	USUAL RESIDENCE (IF IN NURSING HOME O 130. STATE Md.									13d INSIDERITY LIMITS? 13e STREET NO [2149			EET ADDRESS 49 Hollins St. 2				21223				
A HONOR HIST									LAST 15. MOTH			FIRST	THER'S MAIDEN NAME				LAST					
ORE	PAGES 1, ORM PM S 1 AND ON OPVI	Miles 160 WAS DECEASED EVER IN U.S. ARM				Reddon MED FORCES? 166, SOCIAL S				Adel1						Wi	11i	ams	81			
BALTIMORE,	JRS AFTER J. GIVE PA WITH FOR DIVISION	(Y)	NO OR UNKNO	WN)	(IF YES, GIVE W	215-70-49					Adell Reddon 2149 Hol											
	OF SER.	-	IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PARTI DEATH WAS CAUSED BY: Multiple Injuries											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
PRESTON ST.	2E085	/	814	17	IMMEDIATE			AS A COI	NSEOUENCE		pie .	mjur	r Tes							77.		
gr.	WITHIN ENCIL IN AINER A TRANSIT NTAL HY OR REMC		gave ris	e to	ny, which immediate		(b)					0816										
201 W	UTED WITH IN PENCIL EXAMINER ETAL - TRANS O MENTAL PON, OR REA		couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF																			
ORDS.	EXECTIONS OF THE ANICAL PARTICIPATION OF THE ANICAL PARTIC	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to .																			
RECO	JID BE I "PENDI F MEDI ED AS A HEALTH IL, CREA	ATIO	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?											2B AUTOPSY?								
VITA	SE S	MEDICAL CERTIFICATION												YES XX NO								
DIVISION OF VITAL RECORDS.	CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN PEDE TO THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND ME I PRIOR TO BURIAL OF HEALTH AND ME		210 EXTERNA UNDERLYING CONTRIBUTION	No.	OR	1	HOUR A.M	MONTH	22/19 8	R	ubjec											
NVISIC	IIS CERTING VRITING ARDED T GE 3 SH (TE DEPA (TE DEPA	MEDIC	21d. INJURY C	CCURR	ED	2	STREET, FACT	OF INJURY	(AT HOME,	21f. L	STREET	1			CITY OR TO	OWN		COU	NTY		STATE	
u	INSAGE		AT WORK					stree			mbard			Fult					Cit	у, М	d.	
	MEDICAL EXAMINER: 1 GCUTTHE CERTIFICATE, SHOULD BE FORW HUNERAL DIRECTOR: 1 TREGATH, WITH THE ST ITHORE, MARYLAND, 2	1	22a I certii death result			e af the ii	des	cribed abo	ove, held on	Auto	7	, Insp amicide [pectian L	ـــا , Undeter	Inquiry mined m	Г	and ii	n my opi	nian			
	CAL EXA THE CERT SHOULD I RAL DIRE ATH, WIT ORE, MARN		ACTUAL		115	1	1	/				E (SPECIF						DATE	2.1	00/0		
	SHE SHE SHE		SIGNATURE,	3/1	-	1	1				M.D. AS	SSIST	tant	MEDIC	AL EXA	MINER		SIGNED	3/	22/8	6	
	PAGE 4 PAGE 4 TO FUN AFTER I		EXAMINER'S (TYPE OR PRI	IT)	-		R. Ka		an, M.		_ADDRES	-			St	•						
07/84	BP	23a.Bl	JRIAL, CREMA Burial	ION, RE		3/29	/86		Mt. Au				[2	M.E.	SEP	ort		Md.		STATE		
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(VRA 15, 4)



TO FUNERAL DIRECTOR. After this certification should be detoched for use as the burial-trailing with the State Dept. of Health and Mental High IMPORTANT: If Hem 21 is marked or Hem 18

BP.

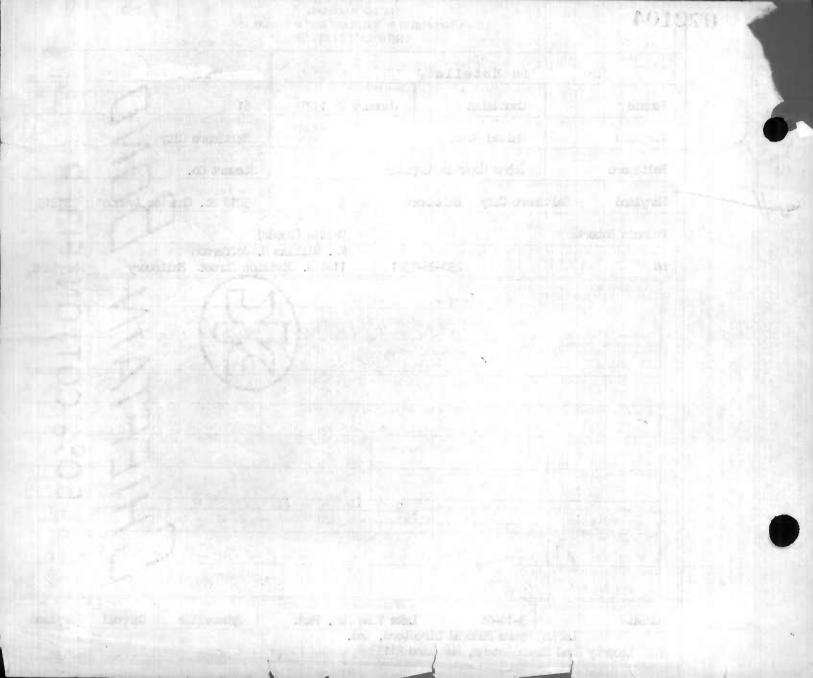
DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGRENE CERTIFICATE OF DEATH

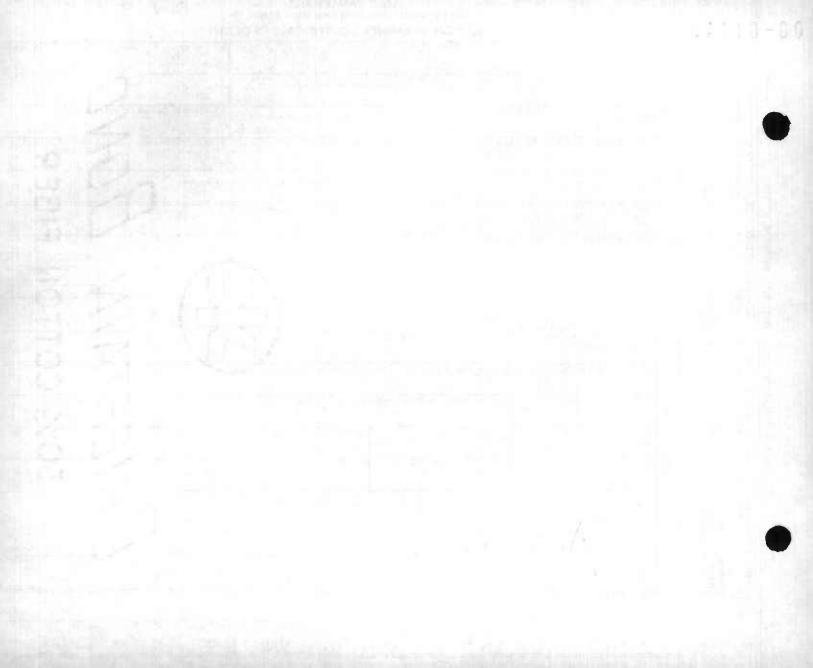
	REGISTRAR				REG. N	0.			
	DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR	_
L'	TYPE OR PRINT! Mrs. Ma	arie Estella	Jeffe	rson	- Annual Abrill	6 1986		3:23	P
3	SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 2.	A HRS
Т	Female	Caucasian		uary 23 1925	61	YRS			
70		76 CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH		
5	Virginia	United States	WIDOWE		Baltimore	CityTY	35.	123	MD.
3 10	BAIDINGRE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR JOHNS HOPKINS	EET ADDRESS)		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST C Stewart Co.		126 KIND O INDUSTRY	F BUSINES	SOR
		OTHER INSTITUTION GIVE RESIDENCE BEF 131. CITY OR TO Baltin Baltin	NWC	YES NO	13e.STREET ADDRESS . 5218 St. C	ZIP CODE harles A	venue	2121	15
j H	Francis Roberts	MIDDLE LAST		Nettie (Deed	MIDDLE		LAS	л	
16	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANVIlliam	H. Jefferson	SS		14-1-3	
L	TYES NO OR UNKNOWN) (IF YES, GIVE	230-26	6-7381	1104 N. Divi	sion Street	Salisbur		Maryla MATE INTERV	
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 3 -6 -76 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHILE THE CONDIT	DUENCE OF	ON WAS PERFORMED	Codyplo Aissedia INAL DISEASE OR CON 200 AUTOPSY? YES IX NOT	20b. IF YES, V	V IN PART 116 WERE FINDING CAUSES	NGS USED	
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	1	19	211 LOCATION STREET		RY IN ITEM 18 PART	T 1 OR PART 2)	514	ATE
	AT WORK AT WORK	tol) attended the deceased from 3-6-M 19	86.0	nd that in (myx) (our) opinion of	depth occurred an the d	FF			
1	22d. PHYSICIAN'S NAME	6011		BLALOEIL &	WOLFF ST	BALTO	MDS	27785/	ITA
2:	Burial, CREMATION, REMOVAL	3-10-86	Lake V	iew Men. Park	23d LOCATION CITY OF TOWN Sykesville	e Car	roll	Maryla	and
24	FUNERAL DIRECTOR LOTING 8728 Liberty Road R	g Byers Funeral Dii andallstown, Maryll		2	REC'D BY REGISTRAR	256 REGISTRA			



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Add T. M. Exercis. 4-The state of the s unconst beautie page 11 to the company of the Carte Carte Carte नाया विकास के लेकिया करता है। The state of many the first order from the sail for

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, 3	ES. ET,	1.01		DOROTH	ΙΥ			JE	NNISON		DEATH	MATED	3	18 19	86	M
13	RESE	3. SEX	4	RACE	5. DATE OF BIRTH	MEAN	6. AGE IN YEA			F UNDER 24 H			MONTH	ĎAY	YEAR	2d HOUR
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S S S S S S S S S S S S S S S S S S S	E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W PRESTON STREET,		ÄRYLÄNI		U.S.			WIDOW		ER MARRIED [imore				MD.
S	H H H H	10. C	TY OR TOWN OF	DEATH	11. NAME OF HOS			, OR OTH	ER INSTITUTI		USUAL OCCUP	ATION ITYPE O	F WORK	12h KIND	OF BUS	
- A	PAGE 5	I	Baltimore	2		5th					FOR MOST OF WORK	INO LIFE)	104		1003111	
- /-	W = D &				OR OTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSIO	DN)	hat were con			. 1	17	18	1	10
BALTIMORE, MD. 2120	종등당 (D°M	ÄŘYLANI) I3b. COUNT	14	B	ALTIM	ORE	YES X	NO [4	1 EAS	25tl	n ST	r. A	PT.	6M
S I	A 3.	14. F	ATHER'S NAME		MIDDLE	10.75	LAST		15 MOTHER	ST MAIDEN NA	AME MI	DIE		LAS	T.	
EAT RE	L S S S S S S S S S S S S S S S S S S S	177	WALLACE	2		JO	HNSON		1.2	DELINI			TT			
W W	A S - Z	16a. V	VAS DECEASED E	VER IN U.S. ARA		166 SO	CIAL SECURITY		17. INFORM	ANT		ADDRESS		INNI	POIA	
ALTI	B. GIVE PA WITH FOR T. PAGES I DIVISION	N	ES, NO, OR UNKNOWN) IF YES, GIVE	WAR OR DATES)	217	-16-79	918M	LOR	ETTA V	VILLIA	MS 150)3 N	ORT	HGA	TE RI
	~ 3. · 0		18 CAUSE OF D	EATH (Enter onl	ly one cause per line	for (o), (b), ond (c).)			17 5	- 1			APPRO	OXMATE I	NTERVAL AND DEATH
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	EA L			if ony, which												
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S GRITIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS	E, WRITING THE WORD "PENDING" IN F WARDED TO THE CHIEF MEDICAL EXA PAGE 3 SHOULD BE USED AS A BURIAL STATE DEPARTIMENT OF HEALTH AND MG 21201 PRIOR TO BURIAL, CREMATION,	Z	TAKE Z D INCK SIGNE	TEAN COMPITIONS	CONTRIBUTING TO DEATH I	OI NOI KELI	CIED ID INE IERM	NAL DISEASE	OR CONDITION	GIVEN IN PART 1 to						
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IA U	CHIEF	5			Demonstration of									1000	_	
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<u>o</u> 4	HES SE		UNDERLYING	OR	HOUR A.M.		DAY YEAR	211	> 11 11 1 1 C	JCCORRED (EN	TER INATURE OF INJU	RT IN HEM IS PAR	TORPAR	.1 2)		
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2	ATE SHE S		22a. I certify t	hot I took charg	e of the remains desc	ribed obo	ove, held on	Autops	y .	Inspection X	, Inquiry	ond	ın my opi	inion		
Z	SE SE		death resulted	from Notur	ol couses X,	Accident	Sui	cide	. Homicio	de . Un	determined mor		, ,			
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MEDIC	TIME TAN	-	EXAMINER'S NA	ME Anr	M. Dixon	, M.	D.		ADDRESS 1	.11 Penr	St., E	Balto.,	MD	212	201	
2		23n B	URIAL, CREMATIC				NAME OF CEM		ADDRESS							
		Bi	JRÏAL		3-21-86	230	INUOM			230	LOCATION	* ***	COUNT		STAT	
07/84 E	3P		UNERAL DIRECTO		3 21-00		FIOONI	210		A DATE DECID	LANSDO BY REGISTRAR		DAD'S CA		RYLA	ND
	DHMH - 17				H INC ADDRESS	101	E. NOR	TH A		A A A D	A ACCO	100				
(V	R A15 ME (5))		II. C. PIMI	.011 1/1	. 1110. 1					MAK 2	1 1986	1-11.10	Ma Son	n-Asn	parth	



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00-002	3/3		REGISTRAR				ICATE OF DEATH	REG. N			
n m f	12		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH D		26 HOUR
may be page 3	8		CAR		J.		ENSEN		2-15	2-86	2:50 KM
4 mo		3 SE	_	4 RACE	,	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BE	PTHDAY)	IF UNDER I YEAR	HOURS MIN.
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2 ho d	ace.		RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
uner uner	80		EW YORK		S.A.	WIDOWE		BALTIMOR			MD.
The fee	2//	10. C	TY OR TOWN OF DEATH		F HOSPITAL, NURS UCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	TYPE OF WORK FOR MOST			BUSINESS OR
by file	74		LTIMORE	UNIO	MEMOR]	AL HO	OSPITAL	CLERIC	AL	BAN	K
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IAN in 2, shoul	E .	14.5	MD		BALT	٥.	YES NO		ONWA	Y ST.	21201
with with oletel	The second	14. 17	THER'S NAME	MIDDLE	EAST		15 MOTHER'S MAIDEN NA	WIDDIE	-	LAST	
uted uted		14- 1	FRANCIS VAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	1		PHILA	ZAPO	ROWIC	
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DIVISION OF VITAL RECORD NG PHYSICIAN. The low requ attending physician. After this certificate has been is os the burial-transit permit. This	D a v	CERTIFICATION	190 DATE OF OPERATION	196 CON			N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
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00 4 %	s mo		220 I certify that (this has	pital all oded	the deceased from	3/	1/ 19_ }	36. to	112	19 86	hot (I) we lost
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T s	5 ≤		URIAL, CREMATION, REMOVA		-	-	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
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DHMH - 16 6	OM 7/84	24 FI	INERAL DIRECTOR		AQDRESS		250 DAT	R 1 4 1986	258 REGIST	AR'S SIGNATO	indelle.
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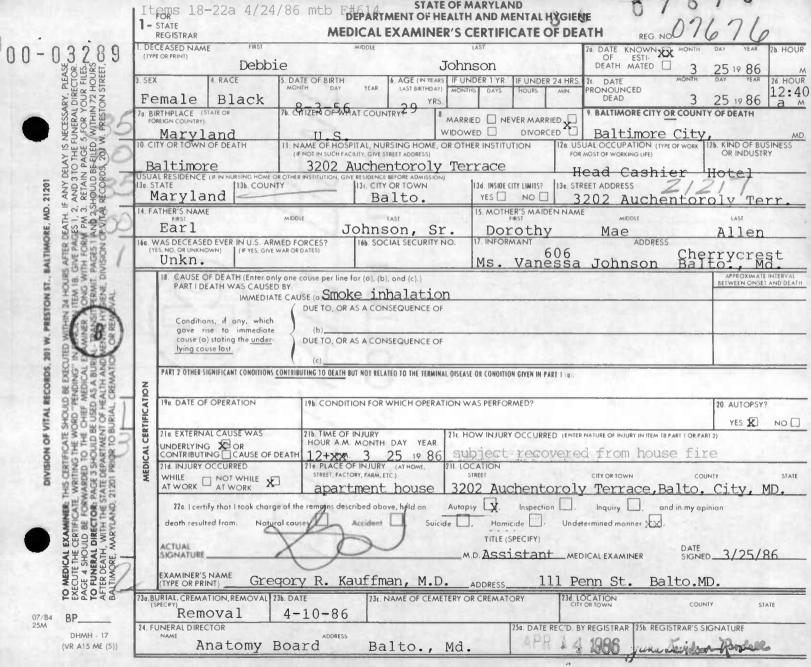
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DHMH - 16 60M 7/84

(VRA 15, 4)

1	- STATE REGISTRAR	DEI		ICATE OF DEATH	REG. NO.	
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3. SE	<i>F</i>	B	5.0/10			IF UNDER 1 YEAR IF UNDER 74 HRS MONTHS DATS HOURS MIN.
	COUNTRY) Hd	US A	MARRIE		9 BALTIMORE CITY OR CO	
13	Baltono remo	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVI Luther	e STREET ADDRESS)	spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	17% KIND OF BUSINESS O INDUSTRY
- 130. i	STATE 118 NURSING HOME OR C STATE 136 COUN	TY 13c CITY O	E BEFORE ADMISSION; R TOWN	13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS / ZIP	
0 1	Harrison	IDDLE HO	ÖKins	Louise	WIDDLE	Staton
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR YNKNOWN) (IF YES, GIVE	war or Dates) 166 SOCIA WAR OR DATES)	+0-5635	Harry Jul	hnson 601 N	. Dukeland Si
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	8Y:	diopu	lmonary	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CON	SEQUENCE OF		olent.	N GIVEN IN PART I 10
RTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
7 2	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR		RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM ETC)	21F LOCATION STREET	CITY OR TOWN	COUNTY STATE
H	220.1 certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) (did not	3-7-	C.	nd that in (my) (our) apinion	death occurred on the date on	d hour and from the couses stated
	276 SIGNATURE Mollis			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3 - 7 - 86
1	A- Meller	PRINT)		22e, ADDRESS Litheran	bespriter .	730 As bules
230	BURIAL, CREMATION, REMOVAL Burial	3/12/86		emetery or crematory ore Cem.	23d LOCATION CITY OF LOWN Baltimore	, Md.
24 F	Wm C March F/H	West 4300 Wa	abash Ave	250 DAT	AR 1 1 1986	EGISTRAR'S SIGNATUR





		1	FOR			PEPARTMENT OF	HEALTH	AND MENTAL!	NGIENE	0.	101	00	7
000	02	-	STATE REGISTRAR			DICAL EXAMIN				REG. NO	016	, / ;	/
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35		3 SE)	4. R		S. DATE OF BIRTH	6. AGE (IN YE		DER 1 YR. IF UNDER			MONTH DAY		2d HOUR
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S. S. S.	FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	We	st Virg	inia/	USA		WIDOW	ED NEVER MARR		timore (ri traz		
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_ \g_{E}		UŠUA	L RESIDENCE (IF IN	N E PE DIE OR	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSI		ar center					
21201 F ANY AND	REGET THE PERSON NAMED IN COLUMN 1	Ma	ryland	Balt	imore	bundalk		YES NO Z	1918	Walnut	Ave.	2122	2
MD.	36 2 A		THER'S NAME FIRST		MIDDLE	LAST	200	15 MOTHER'S MAID		MIDDLE		LAST	
OEA SE	100 L		unnard			Johnson		Flossi	9			ingt	
IMC	SUS Z	160. V	VAS DECEASED EN	ER IN U.S. ARMI		166 SOCIAL SECURIT		17. INFORMANT		ADDRESS		21222	
BALTIMORE, S AFTER DEAT GIVE PAGES	TH PAGE	no				232-26-95	531	Madeline	e Johns	on 1918	3 Walr	nut A	ve.
ST., BAL OURS AF	MIT O		18. CAUSE OF DE	ATH (Enter only		lor (a), (b), ond (c).)					86	APPROXIMATE ETWEEN ONSET	AND DEATH
	PERM SIENE VAL.		PARTIDEAT	IMMEDIATE	HV	pertensive	Card	lovascular	Disease)			
PRESTON THIN 24 F	ALC AYG AYG AYG AYG				DUE TO, OR	AS A CONSEQUENCE	OF						
를 를 등	A A N			if ony, which to immediate	(b)		1						
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	- CEAN	CERTIFICATION	190. DATE OF OP	ERATION	196 CONDIT	ION FOR WHICH OPER	RATION W.	AS PERFORMED?			20	AUTOPSY?	
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OF V	HOEN HE	ERT	210 EXTERNAL C	AUSE WAS	216. TIME OF		21c. HC	W INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART T OR PART 2)	163	TO A A
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DIVISION S CERTIFIC RITING TH	SHC EPA PRIC	MEDICAL	216 INJURY OCC		21e PLACE C	FINJURY JATHOME.		CATION					
DIV VRITING	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TOFUNERAL DIRECTOR; HAGES SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, OF	ž	WHILE AT WORK	T WORK	STREET, FACT	ORY, FARM, ETC.)	S	REET	CITY OR	TOWN	COUNTY		STATE
1000	D, 2		22a. I certify th	at I took charge	of the remains des	cribed obave, held on	Autops	y , Inspectio	n D. Inqui	ry XX, ond	in my opinion	75-	
N S	TOTA		death resulted §	^	122		acide .	Homicide .	Undetermined		my opinion	Barrer.	
ERT S	ARY		6	0.	·AKI	12. 300	1	LILLE (SPECIFY)					
# D	Ø ¥		SIGNATURE_	ally	42 m	11 /VU	WD M		nt MEDICAL EX	AMINER	DATE SIGNED	3-17-8	36
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WE CO.	SE ENTE	100	(TYPE OR PRINT)	ME Den	nis F. Sr	th, M.D.		ADDRESS 111 I	Penn St.,	Balto.	, Md.	21201	
23	A DA A	23o.B	JRIAL, CREMATIO	V, REMOVAL 23	DATE	23¢ NAME OF CE			23d. LOCATION	7	COUNTY	s. st.	All
07/84 BP			Buria		3/18/86	Oak La	wn C	emetery		Balti	more,	Mary	land
25M	IMH - 17		NERAL DIRECTO		TROOPERS	o of Dun	100	250. DATE	REC'D. BY REGIST		TRAR'S SIGNA	ATURE	2.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRIAN							REG. N	30 1	0		
DECEASED NAME	FIRST	A	AIDDLE	LAST			20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	
THE OR PRINTY	6	FOR6	E	Ja	OHNS	ON		7	10 80	6:351	
SEX	4.	RACE	5. D.	ATE OF B	BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)			
MALE		RIA	ck '	MONTH	DAY	YEAR	90		MONTHS DAYS	HOURS MIN	
BIRTHPLACE ISLATE	OR FOREIGN 7h	CITIZEN OF	WHAT COUNTRY? 8	1	DIRTH DAY VEAR B. AGE (IN YEARS LAST BIRTHDAY) VEAR NONITYS DAYS HOURS MIN. YRS. DIVER MARRIED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MAD. DIVER INSTITUTION ITRE KIND OF BUSINESS OR INDUSTRY FARMET AND DIVER INDUSTRY FARMET AND DIVER INDUSTRY FASTING INDUSTRY FASTING INDUSTRY AND DEATH INSTITUTION ITRE KIND OF BUSINESS OR RAST Catherine Smith Smith SMITH ADDRESS BEATTICE Smith Prince Frederick, Md APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH YES NO NO NO IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO ITEM HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) IN LOCATION STREET CITY OR TOWN COUNTY STATE that In (my) (our) opinion death occurred on the date and hour and from the couses stated hot in (my) (our) opinion death occurred on the date and hour and from the couses stated						
COUNTRY	1		MA								
Maryland		USA		OWED [
CITY OR TOWN OF E	DEATH		HEACILITY, GIVE STREET ADDRES		STHER INSTITU	JIION			IFE) INDUSTRY		
Baltimore			neran Hospit				Farmer				
UAL RESIDENCE IF N	URS OME OR OT		GIVE RESIDENCE BEFORE ADMIS		d INSIDE CITY	HMITS?	13e STREET ADDRESS	ZIP COD)F		
Maryland	Calve		Port Republi							20676	
FATHER'S NAME	*						ΛE				
Issac	MIE	BIDDLE	Johnson				MIDDLE			ist	
WAS DECEASED EV	FRINUS ARME	D FORCES?	16b SOCIAL SECURITY N	10 17			ADDRE	SS	DILLCII		
(YES, NO OR UNKNOWN)	(IF YES, GIVE W				D			B . 1			
no			214-16-9454		Beatric	e Smi	th Prince	Frede			
	ATH (Enter only)		line for 10 , (b), and ic	10.		.000	0/12000	1 001	BETWEEN	ONSET AND DEATH	
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100											
C 1945 14		DUE 10, OI	R AS A CONSEQUENCE	OF							
Conditions, if a		(b)							-		
cause (a), sta	oting the	DUE TO, OF	R AS A CONSEQUENCE	OF							
underlying ca	use last	((c)									
	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	10	
190 DATE OF OPE	RATION	196. CONDI	TION FOR WHICH OPER	ATION V	WAS PERFORM	NED .	200 AUTOPSY?				
190 DATE OF OPE		3.0					YES TO NOT				
210 ACCIDENT WAS	UNDERLYING	216 TIME O	F INJURY	12	Ir HOW IN III	RY OCCURR					
OR CONTRIBUTING			M. MONTH DAY Y			n, occom	ED TEMEN MATORE OF MOD		TAKE TORY ARE ES		
(IF EITHER NOTIFY M		P./		19							
214 INJURY OCC		21e PLACE O	OF INJURY LEET, FACTORY OFFICE FARM, ET				CITY OR TO	WN	COUNTY	STATE	
AT WORK AT	WHILE WORK										
22a. I certify that	(I) (this hospital	attended the	e deceosed from			19	, to		, 19	, that (I) (we) la	
sow the dece	ased alive on	1- At - 1 - J	19	_, ond t	hot in (my) (o	ur) opinion d	leath occurred on the de	ote and ho	our and from the	e couses stated	
22b. SIGNATURE	(did) (did not)	new the body	offer death	DEC	GREE				22c DAT	E SIGNED	
	Leduc	440	N. Our	pus					7 30	later	
224 PHYSICIAN'S			1			YSICIAN L	DIRECTOR PHYSIC	IAN ET	4	0,00	
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(6)	DUIN	4	unt 10		Cu	11610	1103	- / /	11-		
BURIAL, CREMATIO	N, REMOVAL	23b DATE	23¢ NAME	OF CEM	ETERY OR CR	MATORY	23d LOCATION		COUNTY	STATE	
(SPECIFY) Burial		Mar 14	. 86 Brown	ne Ci	hr Cor	atery	Port Repu	blic			
FUNERAL DIRECTOR		131 17	T.DI.OWI	<u> </u>	UE VE		RECD. BY REGISTRAR				
NAME			ADDRESS			IMAR	1 2 4000 1	Tim Don	action a later	via KL	

DHMH - 16 60M 7/84 (VRA 15, 4)

Spencer Sewell Box 31 Prince Frederick, Md

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		1		FOR	DEP		OF MARYLAND	RENE 6	nina
00	-00691		1 -	STATE RECISTRAR		CERTIFI	CATE OF DEATH	REG. NO.	16/9
	eq 24 1			EASED NAME FIRST OR PRINT)	W,	JOI	JNSON	3/12/86	DAY YEAR 26 HOUR 10'26 PM
	ge 4 mo)	7	. SE	MALS 1.R	ACEBUCK	S. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 41 YR	
	deoth. Pog	5		OUNTRY) COUNTRY)	CITIZEN OF WHAT COUN	TRY? 8. MARRIEG WIDOWE		BAGMOTE	NTY OF DEATH
10	s ofter d by the fur iled with notified	31	0 CI	BUTWOTE 11.	NAME OF HOSPITAL, NU	IRSING HOME O	MYSTILL (SWA	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
AND 212	filled in ould be in	5	JSUA I3a S	LE RESIDENCE (IF NURSING HOME OR OTHI	ER INSTITUTION, GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 462	
MARYL	mpletely ond 2 sh		4 FA	THER'S NAME FIRST MIDD	1 1	N	JANETT	WE	1 N LAST
IMORE,	n and co	1		(AS DECEASED EVER IN U.S. ARMED ES, NO OR UNKNOWN) LIFYES, GIVE WA YES Army		SECURITY NO.	17 INFORMANT 10 cana JoH	NSON Chance	21213
PRESTON ST., BAL	e attending physica move carbon paper nation, or removal froumatic event, th		7	IS CAUSE OF DEATH (Enter only of PART). DEATH WAS CAUSED BY IMMEDIATE C Conditions, if ony, which gove rise to immediate	AUSE (0) RSSP DUE TO, OR AS A CONS	PULATON EXISTERS	Mori		BETWEEN ONSET AND DEATH SS MW/
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AL REC	he low on. hos be t permi	9	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	YES NO	RTIFYING CAUSES OF DEATH?
OF VITAL	PHYSICIAN: T ending physici this certificate te buriol-transi and Mental Hygi	1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
DIVISION OF	ING PHYS r ottending After this c os the bur lith and Me	a	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
۵	R ATTENDIN hospital or RECTOR, Af hed for use opt. of Heals!	29		22a.1 certify that (1) (this haspital) sow the deceased alive an			1(N 17 19 86 d that in (my) (our) opinion	deoth occurred on the date and	hour and from the causes stated
	the hor L DIRE		d	obove, (I) (we) (did) (did not) vi	vBus		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
	TO HOSPITAL retoined by th TO FUNERAL should be det with the Store			27d PHYSICIAN'S NAME (TYPE OR PRI	WESS		170 ADDRESS 4940 V	ASTRAN AVE	
	BP		230 E	SPECIFY) 2	3/19/8-6	- 1 -	METERY OR CREMATORY	23d LOCATION CITY OR TOWN Lands do	COUNTY pnd STATE
	DHMH - 16 50M 4/82 (VRA 15, 4)		M. FL	INERAL DIRECTOR NAME RUE RUE RUE RUE RUE RUE RUE R	~ 122±°°	# 7 6~	ch we MAI	R 1 9 1986	SISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and complete should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. deoth TENDING PHYSICIAN. The

FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

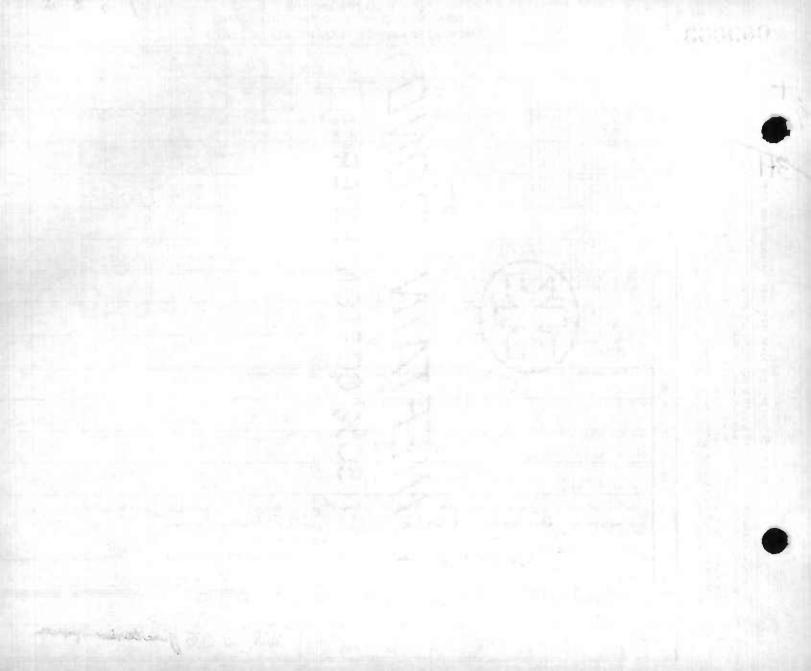
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3 SE	X	I. RACE	5. DATE OF			AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 2	
	M	13	MONTH	DAY	YEAR	57		MUNIHS DAYS	HOURS	MIN.
-			7	10	33	0 2	- YRS			
		TO CITIZEN OF WHAT COUN	RY? 8	☐ NEVER M	ADDIED VO	BALTIMORE CITY O	R COUNT	Y OF DEATH		
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10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 		OTHER INST		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		126. KIND C	F BUSINES	SOR
	Baltimore 1	1 4	r 11-	scule v	1	(TITE OF WORK FOR MOST OF	WORKING	LIFE) INDUSTRI		
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	MAD		imore	YES O	NO	ZNAK		tonth	R	1
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14. F.	ATHER'S NAME	AIDDLE LAST		13 MOTHER'S	MAIDEN NAM	WIDDIE		LAS	,7	
	James	1 1 _	200	M	ar tha	F		Ture		
		11 001.11	,		001 1 100	ADDRE	cc	- 19		
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	SECURITY NO.	17 INFORMA		(1 .				
	NESK YES 1953.		28-4101	Back	ara U	U. thinc	5	ame		
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	18 CAUSE OF DEATH (Enter on	y one couse per line for (a), (b	ond ic		^	1-		BETWEEN	MATE INTERV	DEATH
	PART I. DEATH WAS CAUSED	ECAUSE (0) PLOS	pirate	120	Arres	ST				
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		DUE TO, OR AS A CONS	QUENCE OF		1 1			-2		16
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	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED	TO THE TERMIN	NAL DISEASE OR CONE	DITION G	IVEN IN PART 1	0	
Z										
CERTIFICATION						T-A				
15	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	WAS PERFO	RMED	200 AUTOPSY?		ES, WERE FINDING		
						YES TI NOTO		YES T	NO []	1.
4 5	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21. HOW/IN	HIPV OCCUPER	D (ENTER NATURE OF INJUR			110	
f 1	OR CONTRIBUTING CAUSE OF DEA	LUCIUS A M. MONITU	DAY YEAR	210.110 W 114	JOK! OCCORRE	TO LEWIER MATURE OF INJUR	T IN TEM 18	PART TORPART 2)		
AL	(IF EITHER NOTIFY MEDICAL EXAMINER	10	19							
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	17	211. LOCATIO)N					-
AEI A		(AT HOME, STREET, FACTORY, OF	FICE FARM ETC)	STREET		CITY OR ION	NN	COUNTY	ST	ATE
1 2	WHILE NOT WHILE AT WORK									
		all attended the deserved for	- 3	7	10 86		13	10 06	a ()	
	22a I certify that (I) (this hospit	/ ~ 10			, 19	10			tho (II) w	
	saw the deceased alive on.	I view the body after death,	19_00. one	d that in (my)	(our) opinion de	eoth occurred on the do	ite and he	our and from the	couses sta	ted
	776 SIGNATURE	The state of the s	- D	EGREE	1191			22c. DATE	SIGNED .	
	10/		4		TIENDING	MEDICAL STAF	E V	7 7	20	
	- and a	uenn,	12)		PHYSICIAN [DIRECTOR PHYSIC		3-1.	5-N-	7
1	274 PRESICIAN'S NAME THE OF	Pipel)		22e ADDRES	5		1			
	T 1			1.1	10	(11.0	1	. 1 11	-0.	1
	Jane 1	1 WUINN	1.00	MNG	MISTLY	of Mar	vla	nd IT	35/1	19
73n	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF CE	METERY OR (REMATORY	123d LOCATION	1			
1.50	(SPECIFY)					CITY OR TOWN		COUNTY	ST.	ATE
	Burial	3-21-86	arrison	Forest	Cemete	y Owings	Mil.	ls, Ma	rylar	nd
24 F	UNERAL DIRECTOR		1000			REC'D. BY REGISTRAR				
	iley-Douglass F	ADDE	São N C	- 7 h		n .				
IR 3	iley-Douglass Fi	uneral Home 1.	148 N. Ca	nuonle	54. MA	K 2 1 1986	14:	Side	752. 1	63

DHMH - 16 60M 7/84 (VRA 15, 4)

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			FOR				DEDART			MARYLAN		VÀIEN	4	0 7	0	0	(in
0	69063		STATE			AAI		MENT OF				FDEA					
U	03003		REGISTRAR CEASED NAME	FIRS	ST	7716	WIDDLE	EXAMIII	EK 3	LAST	CATE		20. DATE KN	REG. NO.	MONTH	DAY YE	AR 26 HOUR
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all	A SHEET COMMENTS				11	HE NOT IN SUCH !	ACILITY, GIVE S	REET ADDRESS)		IER INSTITU	IION	FOR N	AL OCCUPATION OF WORKIN	G LIFE)	F WORK	OR IND	BUSINESS
341	W ## -> 40.75		Baltimor AL RESIDENCE			2113 B							Jnemp 1	oyed			
Ē	ANN DE ANN DE STORE D	130 S	TATE		OUNTY	THER INSTITUTION, O	13c. CITY	OR TOWN	ON)	13d. INSIDE C	ITY LIMITS?	13e STRE	ET ADDRESS				
- 5	A PER SE		Md.				Ba.	lto.		YES X	NO 🗆		3 Bro	okfie	eld A	Ave.	21217
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ORE.	AND	7	Elmer					Della	- 11		Zelma	a]	Bowe:	rs
JW.	NA SECTION	(Y	VAS DECEASED ES, NO, OR UNKNO	EVER IN U.S	GIVE WAR	OR DATES)		IAL SECURIT		17. INFORA				ADDRESS			
3	TAN TAN I		Yes				219.	-52-7	003	Mary	Jack	kson	2113	Broo	okfie	eld A	Ave.
6	# B 1 E O		18 CAUSE OF	DEATH (Ente	er only o	ne couse per lin	e for (o), (b)	, ond (c).)								APPROXI	MATE INTERVAL
N.	Marka A		FARITOLI			: AUSE (0)	Nar	cotis	1								
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*	NAME OF THE PERSON		couse (o) lying cous	stating the un	nder-	DUE TO, O	RASACON	SEQUENCE	OF								
30	XECUTE NG IN NG IN AND W ATION			- N		(c)		74.1 -		170							
DIVISION OF VITAL RECORDS	MARK TO THE	z	PART 2 OTHER SIG	NIFICANT CONDIT	TIONS CON	TRIBUTING TO DEAT	BUT NOT RELA	TED TO THE TERM	INAL DISEAS	E OR CONDITIO	N GIVEN IN PA	RT 1 (a).					
5	SHOULD BE EDOND "PENDIN CHIEF MEDIC ET USED AS A URIAL! CREM	CERTIFICATION	19a. DATE OF	OPERATION		196. COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?			-		2D AUTOR	95¥2
TAL	00=04-2	J.F.	- 2													YES [
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0 2	THE OUT THE STANDARD THE STANDA		UNDERLYING		OF DE A			DAY YEAR									
os	SHC SHC SRIO SRIO	MEDICAL	214 INJURY O	CCURRED		21e PLACE	OF INJURY			CATION							
50	THIS CERTIFICATE SHE E. WRITING THE WORN WARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT O 21201 PRIOR TO BUR	ME	WHILE AT WORK	NOT WHILE		STREET, FA	CTORY, FARM, E	(C)	1963	STREET			CITY OR TOWN		COUNT	TY	STATE
	JER: THIS C CATE, WRII FORWARD OR: PAGE THE STATE IND, 21201	-3				the remoins de	عطم المصطنعية	- balda	Autop			· V.	, [7 .	7		
		-3	death resulte			ouses X.	Accident		icide _	Homic	Inspection		Inquiry L		in my opini	ion	
	CAMI RRIFE D BE IRECT VITH VRYL		deam resuite	10111	NOTUTOI C	ouses LAI,	Accident		cide	TITLE (S		Undere	erminea monn	er .			
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	SE S		Signature_	1	-	1	-			1.0		MEDI	CALEXAMIN	EK	SIGNED.		
	MED A PEN A	-	EXAMINER'S I	NAME AT	n M	Dixon	M.D.			ADDRESS_	111 P	enn S	St., Ba	alto.,	MD	2120	1
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARY		URIAL, CREMAT		-	and the same		NAME OF CEA	AETERY C		ORY	23d LO	CATION		COUNTY		STATE
07/84		13	Buria	1	3	-7-86		At. Ca	alva	ry Ce	em.			more			
25M	DHMH - 17		UNERAL DIREC	TOR	-	ABORES					250. DATE	EC'D. BY	REGISTRAR	more	PAR'S SIG	MANAGA	مالاله
	(VR A15 ME (5))	V/r	n. C.	March	Fu	neraT	Home	1101	E.	Nort	1 AVE	i. 6	1900	1			- 01-44



Var. Little Var. L Latte Land Control ESSAS CONTENTION STEET A STEET OF THE VIEW OF THE STEET OF AN Berker Line - mendel 19 128 HILL 12 2171 MITT KE IT DENNES A 205 MAIN ST the second of the second was the second The last a case when the property and the case of the

	1	FOR		EPARTMENT OF	HEALTH AN	ND MENTAL HY	GIENE 9		
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NECESSA FUNERAL 5 FOR Y WITHIN		OREIGN COUNTRY)	U. S.	Α.	WIDOWED			4	
S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. O, WITHIN 72 HOURS W PRESTON STREET,		CITY OR TOWN OF DEATH		PITAL NURSING HOME			20 USUAL OCCUPATION (TYPE OF		MD OF BUSINESS
SI Y IS	1	INTOKTOWNOLDEXIII	(IF NOT IN SUCH FAC	LILITY, GIVE STREET ADDRESS)	, OR OTHER II	N3111011014	FOR MOST OF WORKING LIFE)	OR	INDUSTRY
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SESSE OF		LAWRENCE	В.	JOHNSON	17.1	KIM	L.	DA	
E 255		WAS DECEASED EVER IN U.S. ARM YES, NO, OR UNKNOWN) (IF YES, GIVE W		166 SOCIAL SECURIT	1 NO.	INFORMANT	2908 OLDES CO	URT ROA	.D
E 36 2 1	1	NO.		NONE	KI	IM_LJOHN	SON BALTIMORE.	MD. 212	208
2 × 12		18 CAUSE OF DEATH (Enter only	one couse per line	far (a), (b), and (c).)				APP	PROXIMATE INTERVAL
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W. PRESTON ST., BALTIMORE, MD. VITHIN 24 HOURSESTER DEATH FENCIL IN ITEM MINER ALLOW -TRANSIT PREMIT ALCE -TRANSI		IMMEDIATE		AS A CONSEQUENCE		ir byrrai om	<u></u>		
201 W. PRESTONED WITHIN SINGLE IN PENCIL IN A MENCIL IN ALL - TRANSITION OF REMONIN, OR REMONIN, OR REMONING THE PROPERTY OF T		Canditians, if any, which							
WITHIN WITHIN NCIL IN INER A TALL HAIL HAIL HAIL HAIL HAIL HAIL HAIL H		gove rise to immediate	(b)						
PER AMEN OF CO.		cause (a) stating the <u>under-</u> lying cause lost.	DUE TO, OR	AS A CONSEQUENCE	OF .				
S ENTANGO			(c)						
AL RECORDS, 2011 OULD BE EXECUTED "PENDING" IN PR EF MEDICAL BARBALA- EF AGE AND ME HEALTH AND ME AL, CREMATION, O		PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH O	UT NOT RELATED TO THE TERM	INAL OISEASE OR C	CONDITION GIVEN IN PART	1 10 .		
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A MEN		UNDERLYING OR		MONTH DAY YEAR	¿ l'alle now i	INJURY OCCURRED	(ENIER NATURE OF HIJURY IN HEM 18 PAK)	ORPARI 2]	
SA HOUSE	1 5	CONTRIBUTING CAUSE OF D		19					
DIVISION OF VITAL RE THIS CERTIFICATE SHOULD E, WRITING THE WORD "PE WARDED TO THE CHIEF A PAGE 3 SHOULD BE USED. STATE DEPARTMENT OF HEA 21201 PRIQR TO BURIAL, Q	MEDICAL	214 INJURY OCCURRED		OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCATI		CITY OR TOWN	COUNTY	STATE
O CERTIFIED	>	WHILE NOT WHILE T		on 1, 1 Ann, 616.)	O'MEE!		CITTORTOWN	COGINIT	STATE
E, W RWA RWA STA1			1,		ſ	X Inspection			
EXAMINER: CERTIFICATI VULD BE FOR ULD INRECTOR: WITH THE C		220 I certify that I took charge				A, Inspection	, Inquiry, and ir	n my opinion	
MER RES		death resulted from: Natura	ol couses X.	Accident, Su	icide 🔲,	Hamicide .	Undetermined monner		
A K K K K K K K K K K K K K K K K K K K		ACTUAL MA	2		T	TITLE (SPECIFY)			
AHONE.		SIGNATURE /	MY	-	M.D	Assistant	_MEDICAL EXAMINER	SIGNED 3-	29-86
DE SE	1	10	0 1						
M S M S M S M S M S M S M S M S M S M S	-	EXAMINER'S NAME Ann	M. Dixon	, M.D.	ADD	oress_111 Pe	nn St., Balto.,	MD 21	.201
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOUD BE TO FUNKER LORGET AFTER DEATH, WITH THE BALTIMORE, MARYLAN	23o.1	BURIAL, CREMATION, REMOVAL 23	b. DATE	23c. NAME OF CEA			23d. LOCATION CITY OR TOWN		
		BURIAL	4/1/1986	BALTIMORE	NATIO	NAI CEM	BALTIMORE.	COUNTY	RYLAND
07/84 BP	24				- WATTO		D. BY REGISTRAR 256 REGISTR		
DHMH - 17	25	NUTTER CORSONS FU	NEKAL ADUM	TIMORE NO	2121/	A C	D - 0	- www issor	303
(VR A15 ME (5))	42	01 GWYNNS FALLS	PKWY. BAL	TIMUKE, MD	. 21216	2711	11 0 - 1000		

	1		FOR		DEPARTA	STATE SENT OF HE	OF MARYLAI ALTH AND M	ND ENTAL HYG	ENE 6	7 6	8 3
000	1277		STATE REGISTRAR	ME	DICALE	XAMINER	'S CERTIFIC	CATE OF D	EATH REG	NO.	
00-1	1311		EASED NAME FIRST		WIDDLE		LAST	170 J.A. =	20 DATE KNOWN OF ESTI-	X MONTH DAY	YEAR 76. HOUR
	2000			LYIN		LARRY	JOHNSC	N	DEATH MATED	□3-24-86	19 M
	A STATE OF S	3 SEX		S. DATE OF BIRTH	YEAR		IF UNDER 1 YR.	IF UNDER 24 HI		MONTH DAY	YEAR 2d. HOUR
	NO S	N	IALE BLACK	07-16	-55	30 YRS.	MONTHS DATS	HOURS MIN.	DEAD	3-24-86	19 6:59A _M
-	SA FEE	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNT	RY? 8	AARRIED NE	VER MARRIED	9 BALTIMORE CIT	Y OR COUNTY OF DE	EATH
10	525 E	OT .	WIH CAROLINA	US	A	W	DOWED [DIVORCED (Baltimor	e City	MD.
17	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	II CI	TY OR TOWN OF DEATH	11. NAME OF HO			OTHER INSTITU		USUAL OCCUPATION		ID OF BUSINESS
1	ADA HOLL	I I	Reltimore LRESIDENCE (IF IN NURSING HOME				et		LABORER		
5	ANY DE AND 3 TO RETAIN RETAIN RECORD	USUA Ua. S	L RESIDENCE (IF IN NURSING HOME (TATE 113b. COUN	OR OTHER INSTITUTION O	1130 CITY	OR TOWN	13d INSIDE C	TITY HANTS? 13m	STREET ADDRESS	21	222
212	S S B S C S		RYLAND			TIMORE	YES 🗆		590 W FA	VETTE ST	PEET
- QV	Ness A	14. FA	THER'S NAME	WIDDLE		AST	15. MOTH	ER'S MAIDEN NA	ME		AST
2	2855500	IN	ELVIN		OHNSO			INAH		ULMORE	
IMO	N N O PAR	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCI	AL SECURITY N). 17. INFOR	MANT	ADDR	ESS	
ALT	MES AFTER 8. GIVE PA WITH FOS DIVISION		ES		217	-60-35	AMAH & C	IAH TOH	MEAN 2555	W FAVE	TTE CT
- 2	N N N		18 CAUSE OF DEATH (Enter on	aly ane cause per lin	e far (a), (b),	and (c).)				APP BETW	PROXIMATE INTERVAL
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510	THIN 24 ALE ALC AND ALL HYG PREMOV				RASACONS	SEQUENCE OF					
E	FERNER	100	Canditians, if any, which gave rise to immediate								
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30	PARAGO			(c)							
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N N	A HOUSE		UNDERLYING OR		M. MONTH	DAY YEAR					
DIVISION OF VITAL	CERTIING TING 3 SHA DEPA	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	(AT HOME, 2	If LOCATION				
5	THIS CERTIFICATE SHE THE WORL THE WARDED TO THE CH PAGE 33 SHOULD BE US TATE DEPARTMENTO THE CHORNEL TO STOLL PRIOR TO BUR	E	WHILE NOT WHILE E	STREET, FA	CTORY, FARM, ET	0)	STREET		CITY OR TOWN	COUNTY	STATE
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	EXAM CERTIF DIREC WITH		deoth resulted from: Note	rai couses A.	Accident	A A		SPECIFY)	determined manner	٠, -	
	BOSE S		ACTUAL WOULD	mos in	21/2	ell	· ·		ASDICAL SVAMINISD	DATE SIGNED-24-	-06
	STATE OF THE PARTY	0	0				— M.D. ASS	istant	MEDICAL EXAMINER	SIGNED-Z4	-00
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL D ATTER DEATH, BATTIMORE, M	1	EXAMINER'S NAME (TYPE OR PRINT) Mar	garita A.	Kore:	11,M.D.	ADDRESS_	111 P	enn Street		
	584544	23a. B	JRIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF CEMET	RY OR CREMAT		LOCATION	COUNTY	STATE
07/B4	BP	(5		3-31-86	CR	OWNSVI.	LLE VA.	CEM.	CROWNSVIL	LE, MARY	LAND
25M	DHMH - 17	24 FI	INFRAL DIRECTOR		s	427		250. DATE REC'D		EGISTRAR'S SIGNATA	
	(VR A15 ME (5))	BR	OWN/THOMPSON	F. H. 1	913 W	. BALT	o. ST.		1300		

2 3211/2/12		FOR		DEPARTM		OF MARYL	AND MENTAL HYG	IENE 8 6		7 6	80
70102	1 -	STATE REGISTRAR				CATE OF I			EG. NO.		1
TO LOW		CEASED NAME FIRST	MI	DDLE	U	ST		20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
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(ou	3 SE	<	4. RACE		5 DATE O		46.40	6. AGE (IN YEARS	(AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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1 1 1 DA		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIED	NEVER /	MARRIED.	9 BALTIMORE			
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offer and	Ba	ty or town of death ltimore	Luthe	OSPITAL, NURSIN FACILITY, GIVE STREET A ran Hosp	ital	R OTHER INS	TITUTION	120 USUALOCC (14PE OF WORK FOR Retire	MOST OF WORKING		OF BUSINESS OR
hood the the	#5U.	AL RESIDENCE (IF NURSING HOME TATE 136 CC	OROTHER INSTITUTION COUNTY	IVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE C	ITY LIMITS?	13e.STREET ADD	RESS / ZIP CC	DDE	
100 m 24		Md		Baltimor	e	YES X	NO 🗆	4002 F		Avenue	21216
withi	14_F/	THER'S NAME	MIDDLE	LAST		15. MOTHER"	S MAIDEN NA		DDIE	LA	ST
be b		Arthur		Carter		Virg				Mille	er
ond of Pages		VAS DECEASED EVER IN U.S. VES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	166 SOCIAL SECUI		17 INFORMA			ADDRESS		
s. Po		No		214-20-1	002	Harry	Johnso	n 4002	Fairvie		
ysicil oper wal.		18 CAUSE OF DEATH (Enter	anly ane cause per l	ne four o , (b), and	yes ?	10000		0.0	-/	APPROX TWEEN	ONSET AND DEATH
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the I	TIFE							YES NO		YES	NO 🗆
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O PH the ond	ME	WHILE NOT WHILE AT WORK		ET FACTORY, OFFICE FA	ARM, ETC]	STREET		, ci	YORTOWN	COUNTY	STATE
Afte of the mort		220.1 certify that (I) (this ha	spital) attended he	Ideseased from	21	78	1084	to /	2/19	1085	that (1) (we) lost
TEN TOR TOR Sor us	15	saw the deceased alive above, (I) (we) (did) (did		29 19	, an	d that in (my)	(aur) applion	death occurred ar	the date and h		
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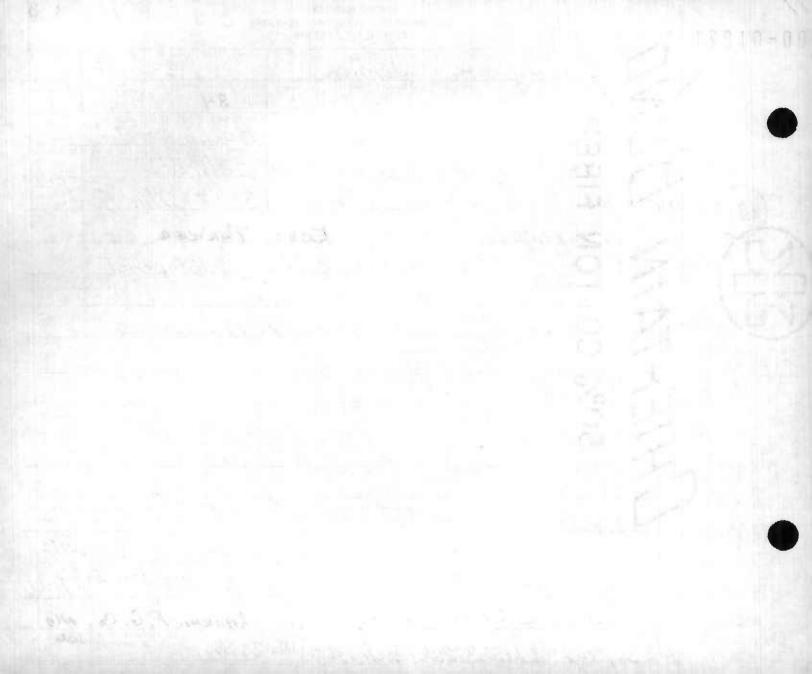
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Balto City

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	1	STATE OF MARYLAND 0 4 0 7 6 8 8
01001	1.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH
-0108	-	REG. NO.
ne 9		CEASED NAME 181 MODIE 1 1851 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
2 55 00		Sidney H. Johnson 3-20-86
	3,5€	S DATE OF BIRTH S DATE OF BIRTH MONTH MONTH AY YEAR S AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
A 95	1	MA/E CO/ + 10-31-02 84 YRS
8 32 P	74.81	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
00	111	MIDOWED DIVORCED DIVORCED DALLIMONE CITY M
1 2/1	20,0	11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USBAL OCCUPATION 126 KIND OF BUSINESS OF 126 KIND OF 12
1190	15	Allmore & Smith Bally Gen, Hose Kelired
3 37	#E.U.	AL # SIDENCE IF NURSING HOME OR OTHER INSTITUTION. GIVERESIDENCE BEFORE ADMISSION)
1000000	m	STATE 136 COUNTY BY 130 TY OR TOWN 130 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE ALLO
自由社会方	19 F/	ATHER'S NAME IS MOTHER'S MAIDEN NAME
13/1/	V	To hoose Information Danies I
	160 N	WAS DECEASED EVER IN V.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 1/17 INFORMANT ADDRESS
1 00 p/2	1	1/45, NO OR UNKNOWN) 1/16 YES. GIVE WAR OR DATES) 216-10 4163 Mrs. Reith Totton 3313 Elbertst
4 81 4	-	
A CONTRACTOR		CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
0.00	1	IMMEDIATE CAUSE (0)
4 2000	1	DUE TO, OR AS A CONSEQUENCE OF
de the sale	10	gave rise to immediate
4 4114	1.3	cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF
the by the state of the state o		(c)
Application of the particular	Z O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
1 11117	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
71 1111	¥	IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO
51 1135	18	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNIT BE PART TO PART 2)
34 141 7/	0.753	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
Sept and a	MEDICAL	71d INHURY OCCURRED 21e PLACE OF INHURY 71f LOCATION
41 127 7	¥	WMILE NOT WHILE (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY STATE
A A A A A A A A A A A A A A A A A A A		AT WORK AT WORK
A 2 8 5 5 5	1	220.1 certify that (1) (this haspital) attended the deceased from
A CAP E		abave, (I) [we) (did) (did nat view the bady after death
5 a a a a		276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF 271. DATE SIGNED 272. DATE SIGNED 273. DATE SIGNED
4. 488 H	1	PHYSICIAN DIRECTOR PHYSICIAN
FUNER PORTAN	1	220 ADDRESS 19 MER EVANS MD 220 ADDRESS 100 Plantage Ton Box Balty
TO HOS morned TO FUN thould be the fire		19 Mes Coans Mb 100 Washerston All 1/2/2
E 5 1 2 1 2 1	23o E	BURIAL, CREMATION, REMOVAL 235 DATE 231 NAME/OF CEMETERY OR CREMATORY 230 LOCATION
BP	1	Burial 3-24-86 mi NAT. Com. LAURAN P. G. Co. MO
	-	UNERAL DIRECTOR 250 DATE REC. D. BY REGISTRAR 250 REGISTRAR S. SIGNATURE.
DHMH - 16 60M 7/B4	24 FI	10 NAME OB 1 VICC 25 2008 11 16 Th Dep MAR 3 1 1986 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



072088	1.	FOR STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 5	0	7 6 8 9
1 05		CEASED NAME FIRST NAME OF Härry W. Jo	oice MIDDLE		LAST	20. DATE OF DEATH	3/9/	YEAR 26 HOUR
f mon	1,5E		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		NOTER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
		Male	Cauc.	1	1/09 ^{AY} YEAR	76	YRS.	
THE BY	7a. 8:	Balto., Md.	76 CITIZEN OF WHAT COUNTRY USA	? 8 MARRII WIDOW	ED NEVER MARRIED	Baltimore City o	7	
624	10 €	Balto.	11. NAME OF HOSPITAL, NURS (15 NOT IN SUCH FACILITY, GIVE STREE Union Memo	ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 1 F WORKING LIFE) 1	26 KIND OF BUSINESS OR
	USU 13a.		R OTHER INSTITUTION, GIVE RESIDENCE BEFO	PRE ADMISSION		13e STREET ADDRESS /	ZIP CODE	Avenue 2121:
MARYLA npletely ond 2 st	14 F/	THER'S NAME FIRST George S. J	MIDDLE LAST		15 MOTHER'S MAIDEN NA Catherine	WE		LAST
MORE, I		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT 63 Helen Jo	ADDRE		ss
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN: The low requires that the death certificate be execut of this certificate has been signed by the otherding physician and coast the bursal-transit permit. Then please remove corbanappers, Pages In the and Mental Hygiene prior to bursal, cremation, ar removal.	NO	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	DUE TO, OR AS A CONSEON DUE TO, OR AS A CONSEON (b) NODER DUE TO, OR AS A CONSEON (c) NEPHA CONDITIONS CONTRIBUTING TO	MENCE OF UENCE OF C SCIP	Hypertensing rosis and RE	NAL INSUFFI		8 425 8 425 N PART 110
he low re	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH? NO
VISION OF VIT. G PHYSICIAN: T granding physici physica physici physici physici physici physici physici physica	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE ALWORK ALWORK	HOUR A.M. MONTH	19	21c. HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF INJUR		ORPART 2) COUNTY STATE
OR ATTENDININ he hospital or of DIRECTOR Afri inched for use as bept. of Health		220.1 certify that (I) (this hope sow the deceased alive or above, (I) (worlded) (did no 226 SIGNATURE	of view the body offer deoth.	Ela , o	DEGREE ATTENDING	death occurred on the do	ote and hour and	22c. DATE SIGNED
TO HOSPITAL reformed by to TO FLINEFAL thould be del thould be del		ANTHONY A	LEWANDOWSKI	m.D.	1402 You Toursen	, md.	Suite 10	03-10-86
BP		BURIAL, CREMATION, REMOVAL	3/15/86 T	Oudo	Park	23d LOCATION CITY OR TOWN Balto.,	Md.	DUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	3331 Brehme	uneral Home,	Inc.	250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR	'S SIGNATURE

THE PERSON WAS LESS CHARGE THE PARTY OF THE

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ч		REGISTRAR			CLKIII	ICATE OF DEATH		REG. NO	0.			
		CEASED NAME FIRST		AIDDLE		AST	20 DATE O	FDEATH	MONTH D	AY YEAR	26 HOUR	
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	3 SEX		4 RACE		5. DATE C		6 AGE (IN	YEARS LAST BIR		ONTHS DAYS	HOURS MIN.	
	1	Female	Whi			17/30 YEAR		55	YRS		HOURS MIN.	
ř	70 BIF	OUNTRY	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	DRE CITY O	R COUNTY	OF DEATH		
	M	aryland	USA		WIDOWE			Balt	imore	City	М	D.
7	10 CT	TY OR TOWN OF DEATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET		OR OTHER INSTITUTION		OCCUPATE	ON F WORKING LIFE		F BUSINESS OF	?
-		altimore AL RESIDENCE (IF NURSING HOME O	261	7 Miles A		21211	Home	maker				_
-	13a. S Ma	d I3b COU		13c. CITY OR TOW	VN	134 INSIDE CITY LIMITS?	26	ADDRESS /	ZIP CODE les Av	renue	21211	
-	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	WIDDIE		LAS	ī	
Ç	C	layton G. Per	cry			Nellie	e Beat		Schis			
		AS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECT	URITY NO	17 INFORMANT		ADDRE				
	n	0		212 32 2	2927	Ruth L. T	riplet	t 193	3/ Sumr			
١		18 CAUSE OF DEATH (Enter of	nly one couse per	line for al, (b), ar	nd ici)			1		BETWEEN	IMATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUS IMMEDIA	TE CAUSE (a)	MYOC	ARDI.	AL INFAR	CTTON					
			DUE TO, O	R AS A CONSEOU	ENCE OF	11-1						
7		Conditions, if ony, which	(b)_	CEREN	ARY	HETERY 61	JEASE					
1		gove rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEOU	ENCE OF							
	573	underlying cause last	(c)									
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	E	210 ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR						_
J.		OR CONTRIBUTING CAUSE OF DE	AIR	m. Month D	AY YEAR							
1	MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION						-
	×	WHILE NOT WHILE AT WORK	(AT HOME STA	EET FACTORY, OFFICE	FARM ETC }	STREET		CITY OR TO	WN	COUNTY	STATE	
		220 I certify that (I) III is losp	oital) attended th	e deceased from_		. 19	, to			9	that (I) (we) la	st
		saw the deceased five a		19	0	nd that in (my) (our) opinion	deoth occurr	ed on the do				
		obove, (I) (we) (did I itiid n 22b SIGNATURE	of) view the body	offer death.		DEGREE				22c. DATE	SIGNED	-
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		224 PHYSICIAN'S NAME ITYPE	-1//	<u> </u>		22e ADDRESS	1	1		1		
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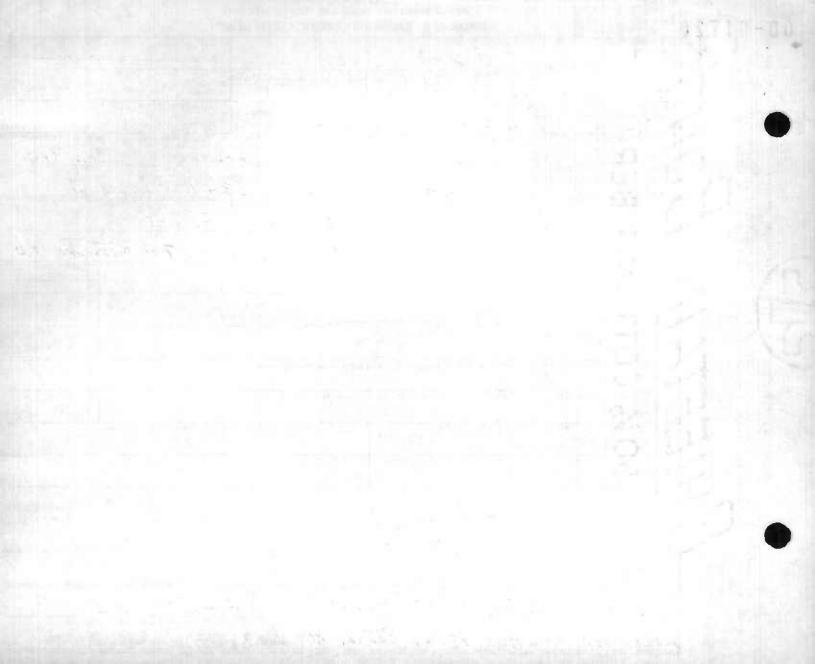
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MINER TIFICAT BE FOR FIT THE YLAND		death resulte	d from: Nat	ural causes X,	Accident	L, Su	vicide 🔲	, Hamici	ide .	Undeter	mined manner	□ ,		
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TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH		(TYPE OR PRIN	IT)	Margari		Korel								
FOSEA9	23a.B	SPECIFY) /	ION, REMOVAL	23b. DATE	23c.	NAME OF CE	METERYO	R CREMATO	ORY		TOWN	0	UNTY	STATE
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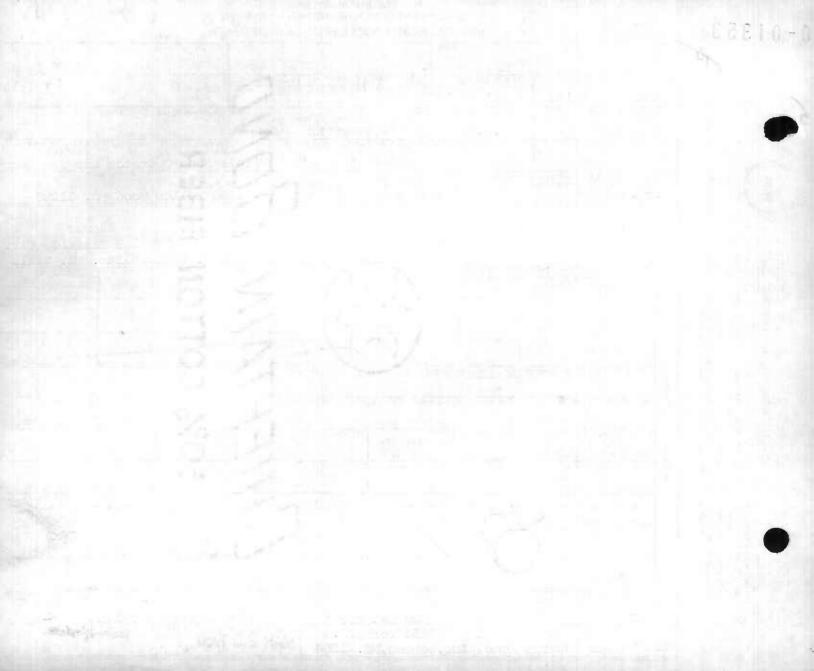
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	L EXAMINER: E CERTIFICATE, OULD BE FORVAL DIRECTOR: H, WITH THE ST	1	22a I certify t	hat I took charge	e of the remains the	colo de de de	ve, held on	Autops	у 🔲.	Inspection X	. Inquir	v . or	nd in my o	noinia		
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	권은토호류	3. SEX	4.	RACE	5. DATE OF BIRTH		AGE (IN YEAR			JNDER 24 HR	S. 2c. DATE	MON	TH DAY	YEAR	24 HOUR 1:15
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-	学生が言名		Baltim	ore	Johns Ho			tal		TP FC	lephone	Operato		INDUSTR	
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1	25 E E	13a S Ma	aryland	136. COUN	TY	Balti	RTOWN		13d. INSIDE CITY LN		TREET ADDRESS 800 Yell		a na	2120	
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2	REPER SERVICE	ME	WHILE AT WORK	NOT WHILE	STORET EACT	ORY, FARM, ETC.)		SI	TREET		CITY OR TOWN		COUNTY		STATE
4	E, WRIT RWARDI PAGE : STATE D 5, 21201		AT WORK	AT WORK	st	reet		12500	0 Block	E. Mo	nument S	t., Bal	to. C	city,	Md.
	14 04 07 2		22a I certify	that I took charg	e of the remains des	ribed obove	held on	Autaps	y , Ins	spection XX,	Inquiry	, ond in my	y opinion		
	EXAMINER: CERTIFICATION OF THE FOREST OF THE FOREST OF WITH THE MARYLAND		death resulted	fram: Natur	ol ouses X	Accident	Suic	ide .	Hamicide	Und	letermined manne	er .			
	WAR WAR		ACTUAL			1/			TITLE (SPEC	IFY)					
	CAL EXA THE CER SHOULD FRAL DIR SATH, WI ORE, MAR	1	SIGNATURE_		V	V		M.	D Assis	tant M	EDICAL EXAMINE	R SIG	SNED 3	1/22/	86
	MEDIC CUTE 3E 4 S FUNE FIR DE	-	EXAMINER'S N	AME											
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, M		(TYPE OR PRINT	Gre Gre	gory R. K				ADDRESS		Penn St.				
	EUS FAB	23a. B	JRIAL, CREMATION PECIFY)	ON, REMOVAL 2	36 DATE	23c. NA	ME OF CEM	ETERY OF	RCREMATORY	23d.	LOCATION TY OR TOWN	(COUNTY	STA	ATE
07/B4 25M	BP		Burial		3-25-86	Ne	w Cat	hedr	al	В	altimore	, Mary!	Land		
23/41	DHMH - 17		NERAL DIRECT		ADDRESS		0 Yor		· 25a.	AR 2 6	BY REGISTRAR 2	Sh REGISTRAR	SAGNAN	News.	
	(VR A15 ME (5))	Ruc	K Towso	n Funera	al Home, I	nc. Tov	vson, M	d.21	204	Init 2 C	1000 0				

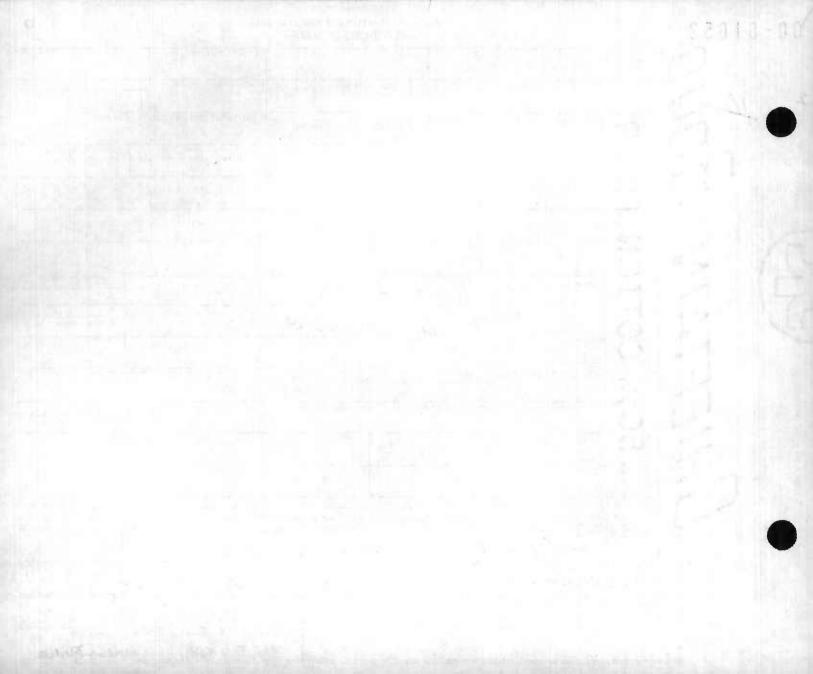




		STATE OF MARYLAND	0 4 0 7 6 9 5
0	01000	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HY	GIENE O O U / O 7 J
U -	0 1 0 3 2	REGISTRAR CERTIFICATE OF DEATH	REG. NO.
	0	I. DECEASED NAME FIRST MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	nay be page 3 rr death	NETTIE JONES	March 18 86219AM
	ma pod fer d	3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	ge 4	Female Black 07 16 96	89 YRS
	Par Par	76 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED AND MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
	leath	MARYLAND U.S.A. WIDOWED DIVORCED	Baltimore City MD.
	e fu	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
10	S of the state of	BALTIMORE 1328 NORTH KENWOOD AVE.	N/A
LAND 2120	24 havrilled in rold be mest be	USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 132. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE
N N	224	MARYLAND BALTIMORE YES IX NO []	1328 N. KENWOOD AVE. 21213
RYL	vithin 12 st	14 FATHER'S NAME FIRST MIDDLE LAST FIRST	AME MIDDLE LAST
MARY	and 2	UNKNOWN RACHAEL	BROOKS
ORE,	Pages, medical	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ADDRESS
W	be executed and and and and and and and and and an		S 1328 N.KENWOOD AVE.
BALTIMORE	ore sicro	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	a phy an pc ema even	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 50 51 5	days
	th ce carb, arr	DUE TO, OR AS A CONSEQUENÇE OF	
EST	dep ave ave raum	Conditions, if any, which (16) Urinary tract in lectio	cays
W. PRESTON	the remo	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
201 V	that d by d by crease ial, creath	underlying couse lost (c) respiratory failure	weeks
	uires en pl s bun ury, o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 11a
DIVISION OF VITAL RECORDS,	been simit. The prior to any inju	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCU	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
REC	nos bu	190 CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
TAL	The The Short	210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
> 7	phys phys liftco al Hy n 18	BOOK AM. MONIT DAT TEAK	Tener de la
N N	HYSICIA ding ph is certifi burial-tr Mental ar Item	OR CONTINUOUS CAUSE OF DEATH IF EITHER NOTHY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET	
/ISIO	I c E T		CITY OR TOWN COUNTY STATE
ā	ar after the easthe alth and marked	270.1 certify that (I) (this haspital) attended the deceased from 228 1986	to 5 18 , 19 80 that (I) (we) lost
	TOR. TOR. of He	saw the deceased alive an 318 19 86 and that in (my) (aur) apinio	n death occurred on the date and hour and from the causes stated
	DIRECT Boched for Dept of them 2	above, (1) (we) (did) (did nat) view the bady after death. 27b. SIGNATURE DEGREE	224. DATE SIGNED
	_ f _ f 0	Alle Welker MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 318
	HOSPITAL Med by the FUNERAL UID be detected to the Stote ORTANT: I	224 PHYSICIAN'S NAME (14PE OR PRINT) 220 ADDRESS ME	en the spital
		Holen Walker, no 301	5+ paul place Balt me
	Sho To Sho	230 BURIAL, CREMATION, REMOVAL 236, DATE 234, NAME OF CEMETERY OR CREMATORY	23d LOCATION
	BP	BURIAL 3-21-86 MOUNT CALVARY	ANNE ARUNDEL MARYLAND
	DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR 250. Q	ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	(VRA 15, 4)	W.M.C.MARCH F/H INC. 1101 F.NORTH AVF.	MAR 20 1986 January Mandelle
		THE PARTY OF THE P	



	1	FOR	NED		E OF MARYLAND EALTH AND MENTAL HYO	SIEME ()	0 7	6 0 6
1-01652	1.	STATE REGISTRAR	OLI I		ICATE OF DEATH	REG. N	0.	0 / 0
		CEASED NAME FIRST	MIDDLE	-	AST .	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
noy be poge 3		Thelma		Jor	es	L. 1911	3 23 1988	6 ~
of of	3. SE		RACE	S. DATE C		6 AGE (IN YEARS LAST BIR		
7 10		female	black	8	5 1914	71	YRS DAYS	MOURS MIN.
1002 975		RTHPLACE I STATE OR FOREIGN 7	b CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
to all as	5.	Va	USA	WIDOWE		Baltimore	city	MC
The die		altimore	1. NAME OF HOSPITAL, NO. (IF NOT IN SUCH FACILITY, GIVE! BON SECOURS	STREET ADDRESS)		120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF Unemployed	OF WORKING LIFE) INDUSTRY	OF BUSINESS OF
be be	UsU	AL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)				
BS BS		Md 136. COUN	Bafter	iore	YES NO D	2870 W. B	ZIP CODE Baltimore St	reet 212
The State of the s	14. F#	ATHER'S NAME	NODLE LAST		15 MOTHER'S MAIDEN NA	ME		
B 4 500	Ja	mes	R. More		Lavenia		Pol	Tard
d co	16a V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	
Poges	- '	YES, NO NO (IF YES, GIVE	WAR OR DATES) 231-32	2-2061	William Fitzo	erald 2872	W. Baltimor	e Street
the b		18 CAUSE OF DEATH (Enter only	v one source per line for to Lith	N ondisi	TACK	<u> </u>		DXIMATE INTERVAL N ONSET AND DEATH
equires that the dealer is signed by the arter. Then please remove, price to buriol, cremation injury, or other traum	CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (c) DINDITIONS CONTRIBUTING 196 CONDITION FOR WI	EOULNCE OF		MINAL DISEASE OR CON	DITION GIVEN IN PART 1 20b IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED
20 201 1	E					YES NO	YES	NO [
Clan :		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
des des	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
to the state of th	ž	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE, FARM ETC }	SIREET	CITY OR TO	OUNTY COUNTY	STATE
A A A A A A A A A A A A A A A A A A A		220.1 certify that (I) (this haspite	all attended the despessed to	0.00		40	10	about the contract
N T T T T		saw the deceased alive an			nd that in (my) (our) opinion	death accurred on the de		, that (I) (we) la
TA COND		obove, (1) (we) (did) (did not	view the body ofter death.					
AL OF AL DIR Settocha det Dep T. II In		22b. SIGNATURE	hard	wi	DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	FF	'E SIGNED
o HOSPIT should by should be s with the Sh		A. SRIWME			21 & W	Crost 82	. Sell	2112
21 62131	23a E	BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		Burial	3/29/86	Springh	ill Baptist C	h Blackst	one	Va
DIMMI 14 (011 7:2)	24 F	JNERAL DIRECTOR					256 REGISTRAR'S SIGNA	
DHMH - 16 60M 7/B4 (VRA 15, 4)	W-	illiam C. March	F/H West 4300	Wabash	Avenue M	AR 2.7 1986	Ticha Davidson	-Anders



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

			KEG. NO.		
I DECEASED NAME FIRST	MIDDLE	LAS1	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
VIVIA	Ŋ	JONES	MARCH 20,198	36	10:45AP
3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
FEMALE	BLACK	1 12 27	50 YRS	Daily Bally	MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		RAITIMORE CITY OF COUNT	TY OF DEATH	
VA	USA	WIDOWED DIVORCED	- DATESTACES	CITY	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
BALTIMORE		HOPKINS HOSPITAL		INDOSIKI	
USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b COI				DE an area	-
MD	BALTI		1324 EDISON HWY	-/1/	15
4 FATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN	NAME	HILL PART	
EDWARD		ONES RHODAL	T D	EL EM	MINGS
160 WAS DECEASED EVER IN U.S.		SECURITY NO. 17 INFORMANT	ADDRESS	FLEM	MINGS
(YES NO OR UNKNOWN) (IF YES.	223-03	3-6696 DORIS JON	FS 1902 MAURY ST	RICHMON	D VA
	only one cause per line for (a), (IMATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (0) CARDIO	PYLMONARY ARRE	ST		511
	DUE TO, OR AS A CON	SEQUENCE OF			7
Conditions, if ony, which	(METAS		CINOMA		
gave rise to immediate cause to stating the	DUE TO, OR AS A CON	SECULENCE OF			
underlying cause last.	(c)	SEGOLINCE OF			
PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION G	IVEN IN PART II	0
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING					
J 190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION WAS PERFORMED		ES, WERE FINDS	
E I				YES [NO [
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN HEM TE	PART TOR PART 2)	
OR CONTRIBUTING CAUSE OF E	ALL I	19			
(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY	STATE
WHILE NOT WHILE	TAL HOME STREET FACTORY C	SPECE FARM ETC)	- 1	0.1	31711
22a I certify that (I) (this has	pital) attended the deceased (110111	86 to 3/20	19 8 6	that (I) (we) last
saw the deceased alive a	on 3/20	_19	inion death accurred on the date and hi	our and from the	causes stated
THISIGNATURE	AA D	DEGREE		22c DATE	SIGNED
Jonk. a	en MI)	ATTENDIN PHYSICIA		3/2	0/86
7	OR PRINT)	22e ADDRESS			1
JON R. 1	RESAR	TOHNS	HOPKINS F	10SPIT.	AL
23a. BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETERY OR CREMATO			
Burial	3/25/86	MARY STREETT CEMET	TERY RICHMOND	COUNTY	STATE V A

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
NAME
Mims F/H 1827 HILL STREET RICHMOND 23224

The second

00-004

FOR

FIRST

I STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF

David

4 RACE

Negri

NAME OF H (IF NOT IN SUCH

Sinai

75 CITIZEN OF W

- STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

male

IN CITY OR TOWN OF DEATH

Baltinore

70, BIRTHPLACE

13a. STATE M.D. 14. FATHER'S NAME

MEDICAL

arked ar Hem

APORTANT:

3 SEX

DEPARTN	NENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HY	GIENE &	O REG.	, NO.	0	7 5	9	8
DDLE		AST		20. DATE C	FDEATH	MONTH	DAY	YEAR	2b. HOU	R
	30	nes				03	16	86	124	GAM
	5. DATE C	F BIRTH		6 AGE IN	YEARS LAST	BIRTHDAY)		DERIYEAR	IF UNDER	
	MONTH O9	20	19R2			63 YR	S.	DAYS	HOURS	MIN.
HAT COUNTRY?	8. MARRIE WIDOWE	NEVER	MARRIED [9 BALTIMO		OR COU		DEATH		MD
FACILITY, GIVE STREET A	ADDRESS)					ST OF WORKIN	G LIFE) IN	IDUSTRY	1	SSOR
Baltia	ADMISSION)	13d INSIDE		130.STREET		s/zipco		12	15	
LAST			S MAIDEN N	AME	MIDDLE			nde		
66 SOCIAL SECU	RITY NO.	17. INFORM.	ANI	1	ADI	DRESS				

18 CAUSE OF DEATH (Enter of	NEWAR OR DATES) 242-16-8280 Mrs. Essie Jones 2.	APPROXIMATE INTER BETWEEN ONSET AND
IMMEDIA	ECAUSE 10) Cardiac Arrest	Minutes
- 2	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which	(b)	
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 110

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from

HOUR A.M. MONTH DAY

216 TIME OF INJURY

P.M.

210 PLACE OF INJURY

Obstruction

211 LOCATION CITY OF TOWN COUNTY STATE

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

and that in (my) (our) opinion death accurred on the date and hour and fram the couses stated DE GREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

19

PSASAD

Hospital Sinai

23c. NAME OF CEMETERY OR CREMATORY 50

uria 24 EUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

- Ma Davidson

DHMH - 16 50M 4/83 (VRA 15, 4)

21a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

IN CERTIFYING CAUSES OF DEATH?

NO [

YES [

- 0.0

344 0 4 73704 915 01440 53100 9409-1549520

37 YE77S

DHMH - 16 60M 7/B4 (VRA 15, 4)

William C. March F/H West 4300 Wabash Avenue

3/19/86

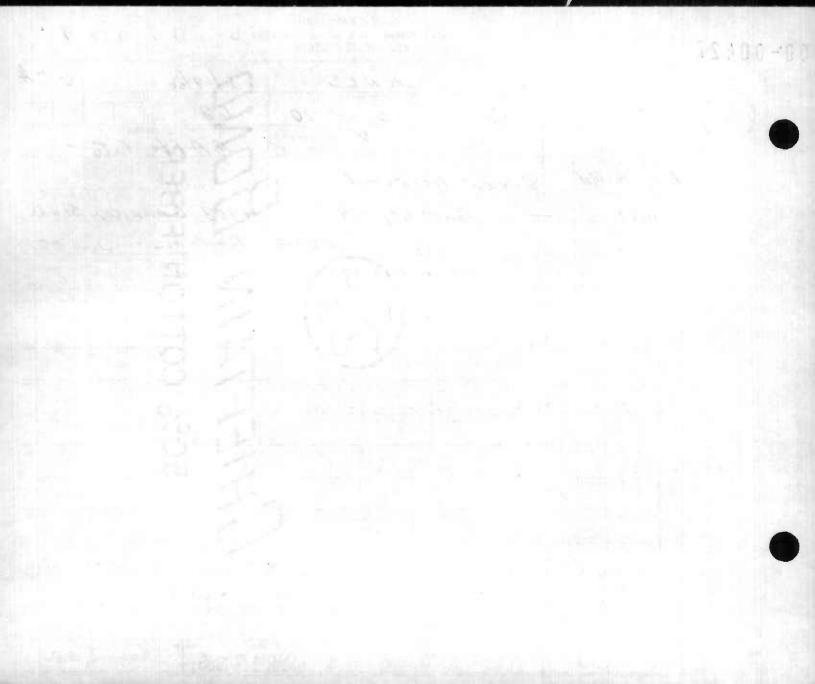
Buria

24 FUNERAL DIRECTOR

aurel

Nat Memorial Park

BY REGISTRAR 366 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Ó CERTIFICATE OF DEATH

	1-	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O CERTIFICATE OF DEATH REG. NO.										0		
	1. DECEASED NAME FIRST MODLE LAST (TYPE OR PRINT)							20 DATE OF DEATH MONTH DAY YEAR 26 HOUR						
	MARY					S		MARCH	14.	1986		5:40	PM	
	3 SEX 4 RACE				5. DATE OF BIRTH			AGE (IN YEARS LA			ER I YEAR	IF UNDER 2		
1		FEMALE		BLACK F.		FEB. 15, 1916		70	RS					
16	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY GEORGIA		US of A		MARRIED NEVER MARRIED WIDOWED DIVORCED		D	BALTIMORE CIT	CITY					
X		BALTIMORE	. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MARYLAND GET)			OR OTHER INSTITUTIO	N 12	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE HOUSEWIFE HOME						
5	13a S	AL RESIDENCE (IF NURS STATE 3/ COUN [ARYLAND PR.	ITY	3c. CITY OR TOW		136 INSIDE CITY LIM YES NO		e STREET ADDRE	SS / ZIP (CODE 2241		0748 N LAI	NE	
1) FA	ATHER'S NAME FIRST SAM	WICKE	LEE		15 MOTHER'S MAIDE FIRST UNKNO		MIDD	ιε		LAST			
2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 1	66 SOCIAL SECU	RITY NO. 17 INFORMANT			AE						
		NO		175 22 5	5524AI FRED JONES				?					
	W	18 CAUSE OF DEATH lEnter only one couse per line for 101, lb., and ich PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COLOR VOS PIVO TOYY ASSETT									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF Clubbal State DUE TO, OR AS A CONSEQUENCE OF (c)									35 min.			
	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO D	DEATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OR C	ONDITION	GIVEN IN	PART 110			
2	CERTIFICATION				OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FIN IN CERTIFYING CAUS						
		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	O. P.	MONTH DA	AY YEAR	21c. HOW INJURY O	CCURRE	ENTER NATURE OF	injury in ite	M 18 PART I OF	PART 2)			
	MEDICAL	21d INJURY OCCURRED WHILE ON OTHER OF AT WORK	21e. PLACE OF		ARM ETC }	21f LOCATION STREET		CITY	OR TOWN	cc	YINUC	51	ATE	
	1	22a I certify that (I) (this haspital) attended the deceased from												
		obove. (1) (we) (did) (did not) view the body ofter death 226. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/17/S/												
1		JAIME F	PUNZ A	LAN		22e ADDRESS 5214	Hai	ford i	10.		11			
		BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMA		23d LOCATION		COUN	ity	SI	ATE	
						SHINGTON NAT. CEM. SUITLAND IDA AVE WASH. 2000 REC'D. BY REGISTRAR 2								
	G	WYNN F.H./ TRAI	SFERED I	O HALL	BROS.		MAF	7 4 1/ 71.15	BAR 256 RE	GISTRAR'S	SIGNATO	SE. L.		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

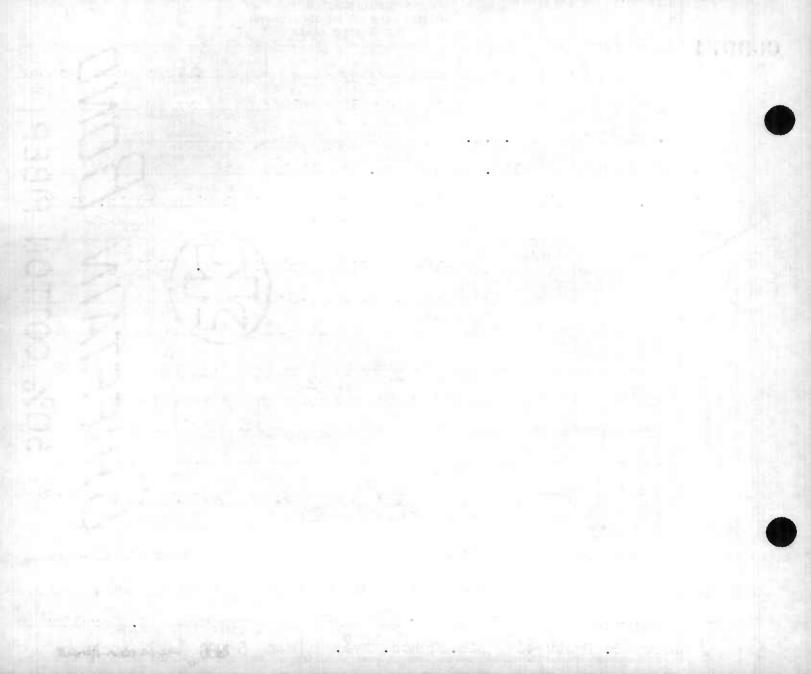
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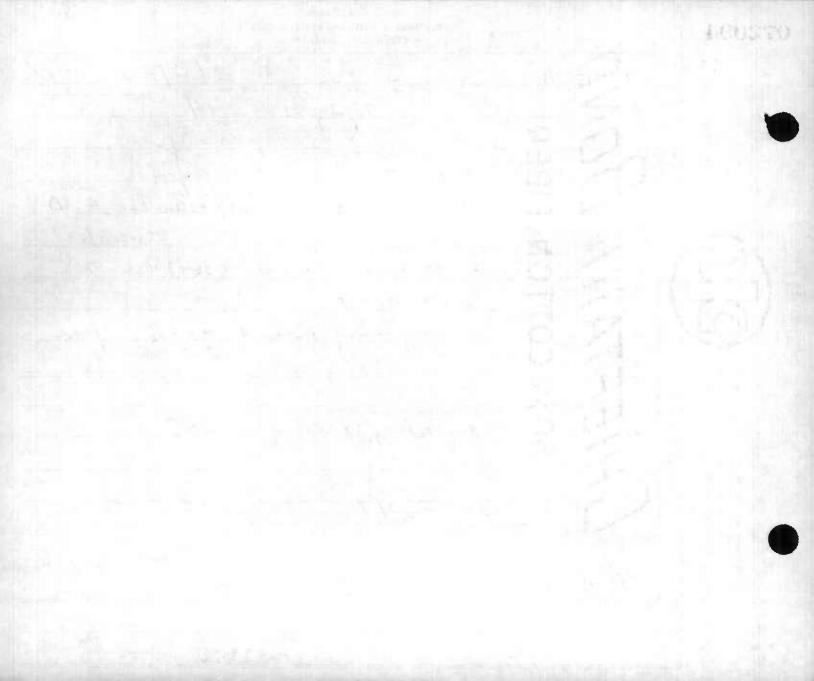
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MARCH COLORS CONTROL OF THE PROPERTY OF THE PR



DHMH - 16 60M 7/B4 (VRA 15, 4) Will'am C. March F/H West 4300 Wabash Avenue

256. DATE REC'D. BY REGISTRAR 251-REGISTRAR'S SIGNATURE



William C. March F/H West 4300 Wabash Avenue

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

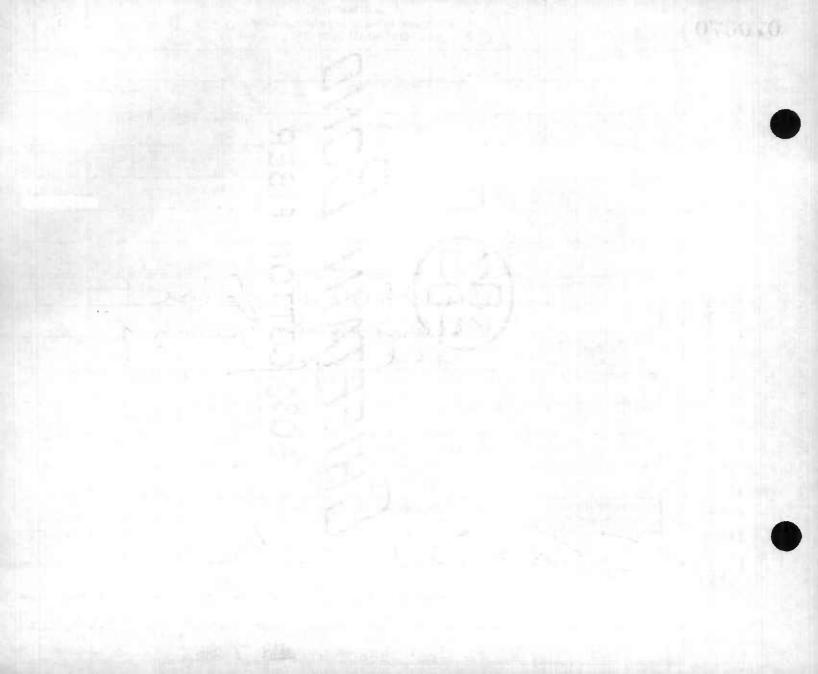
70070	1 -	FOR STATE REGISTRAR	DEPARTM	NENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IEN 6 0 7	/ 0 5	
" we)		CEASED NAME FIRST OR PRINT)	MIDDLE		LAST		DAY YEAR 2b HOUR	
page 3		GREGOR			PANENKO	3 6	86 10:05A _m N	
a ffer p	3. SEX		4 RACE	S. DATE (6 AGE [IN YEARS LAST BIRTHDAY]	MONTHS DAYS HOURS MIN.	
ge 4		MALE	WHITE	10		94 YRS		
Po Po		RTHPLACE ISTATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH		
death In 7.		JSSIA	U.S.A	WIDOW		Baltimore Ci	ty MD.	
with with	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12h KIND OF BUSINESS OR	
s of		Baltimore	440 S. Augusta		ue	Salesman	Sewing Machines	
hour be f	USUA 13n S		OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE		
fille ould		arvland	Baltimo			440 S. Augusta		
rely 2 sh iiner		THER'S NAME			15 MOTHER'S MAIDEN NA	ME	Unknown	
mple oad		Gregory	Joopane:	nko	Mary	MIDDLE		
s col		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECUI		17 INFORMANT	ADDRESS		
Page		res no or unknown) [18 YES, GIVE	218-07-8	687	Opal V. Dowl	ing 4220 Massach	usetts Ave.	
or other trauma		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	DCE OF	ordinals	Schurdye Jinal Disease or condition GIV	(EN IN DART LO	
ne law ne law na	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH		0	200 AUTOPSY? 20b IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO	
ECIAN: The physicist of	CAL CERTI	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH 216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART (OR PART 2)	
attending of the control of the cont	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ATENDIA Spiral or ALL FCTOR Ai dor use of the of the of		saw the deceased alive an obove. (I) (we) (did) [did not 17h SIGN (UII)	simu		DEGREE ATTENDING PHYSICIAN	, to death accurred an the date and hau MEDICAL STAFF DIRECTOR PHYSICIAN	19, that (h (we) last or and from the causes stated 22c DATE SIGNED	
HOSPH HUNES All be ORTAN		124 PHYSICIANS NAME INSC	Mint))	22e ADDRESS			
D FLIN Dougla b The The Could be		Jimenez			3901 Fleet	Street		
BP		Cremation REMOVAL			EMETERY OR CREMATORY V Process Cre	23d LOCATION CITY OR TOWN CATONSVILLE	Baltimore Md.	

Security Process Crem

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation
24 FUNERAL DIRECTOR
NAME
Hibb FUNERAL DIRECTOR
NAME
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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U U -	006	02	11	FOR		DEPARTMENT OF H			0 /	/ 0 0	
		6	+	REGISTRAR		CERTIF	ICATE OF DEAT	RE	G. NO.		
		-5		CEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEA	h 13, 198	6 YEAR 26 HOUR	
	4 53	/	1_	WILLI		nmn) J	ORDAN		3 13	86 0125	
	0 0 1	1	356	×	4. RACE	5 DATE (F BIRTH	6. AGE (IN YEARS L		UNDER TYEAR IF UNDER 24	HRS MIN.
	age 4	-	L	nale	Whi	ta 8	140	0 83	5 YRS.		
	# 50	081	-	INTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	MARRIE WIDOW	-/-	ED 1 Oal	TY OR COUNTY O	1-1	110
-	4 11	104	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME			JPATION	126. KIND OF BUSINESS INDUSTRY	MD.
1.1	1 1	74	16	301+0		COLORESSI	Hose		nost of working life)	Proct.&Gamb	ole
5.4	1 59	10	7050	AL RESIDENCE IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDECITY LIA	AUTCO 112 CTREET ADDE	ESS / 7ID CODE		
1	200	016	2	MD 136 COU	A	Glen Burnie	YES NO	7715 Ma	ess / zip code rbrook Rd	. 21061	
7	1 16	N. F	771	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIL	DEN NAME	Ďi 6	LAST	
MAS	an alger	1100	N	Jabez	MIDDLE	Jordan	Mary		lizabeth	Bott	
2	50 B7	19		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	A A	DDRESS		
N N	1 11	1 1/	1	1242	XXXXX	215-03-099	Cleo W.	Jordan (wif	e) same	as 13	
ALT	0 to 0	- U		18 CAUSE OF DEATH (Enter of	nly ane cause pe					APPROXIMATE INTERVA BETWEEN ONSET AND DE	L
1	the phy			PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	Cardiopul	monay	Arred			
N S	deng deng	o die				OR AS A CONSEQUENCE OF		0.44	200	F	
BSTG	the the	Hon	100	Conditions, if any, which	(b)_	MYELOPROL	JFERATI1	IE DISOR	DEK		
EK B.	1 1	9 4		gave rise to immediate cause (a), stating the	DUE TO. C	OR AS A CONSEQUENCE OF					
3	1 4	D file		underlying cause lost.	(c)_						
30	1	7.0	1.	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEATH BUT	6.7	. 111	CONDITION GIVEN	IN PART Iro	13
ORD.	0 27	0 2	N N	Acute Kens	-ail	il; Hens:		15 Discare			
ECC.	1 0		2	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY		VERE FINDINGS USED NG CAUSES OF DEATH?	?
4	a h	17	CERTIF					YES NO			
N.	No.	1 10/		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	LIGHT 4	OFINJURY A.M. MONTH DAY YEAR	21c. HOW INJURY	OCCURRED (ENTER NATURE O	DE INJURY IN ITEM TO PART	I OR PART ?)	
0	N 9	1 14	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMIN	ER) F	P.M. 19	12000				
OS	21 4	9 3	WED	21d INJURY OCCURRED		TREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY	ORTOWN	COUNTY STAT	TE
N	25 1	10 0	13	WHILE NOT WHILE AT WORK					121	0.1	
	N W	17 4		22a I certify that (I) (this hear	2111	2 0/	, 19		19	86, that (1) (wa	
-	# 6 6	13 6		saw the deceased alive a abave, (I) (welltiid) (did n				opinian death accurred an	the date and hour a		td .
•	40 a 80 0	Dept.		226. SIGNATURE	RP .		DEGREE	DING . MEDICAL	STAFF	22c. DATE SIGNED	
	TAN PAR PAR	1 X +		7140	bhat		PHYSI	DING MEDICAL	HYSICIAN [
	HOSPIT.	PORTA.		HARI K.	BHA	SIN MD	606 HA	MMONDS LA	NE BAL	TO 21225	
	5 5 5 4	113	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF	EMETERY OR CREMA	ATORY 23d LOCATION		OUNTY STAT	T.F.
	BP			Burial	17 Ma	reh 1986 Glen		Glen Bu	rnie AA	MD	
	DHMH - 16 50	OM 4/83		UNERAL DIRECTOR	Ble .	_ ADDRESS		250 DAJE REC'D. BY REGIS	IRAR 256 REGISTRA	R'S SIGNATURE	deside
	(VRA 15,	. 4)	S	ingleton Funera	1 Home,	Glen Burnie,	MD	THUME O 191	1		

VI NEW AND A RESERVE AS A SUCCESSION OF THE PROPERTY OF THE PR Botho Bandaine Aug Harris Chief

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

McCully Funeral Home, 130 E. Fort Ave. Balto

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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		1641 July		
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STATE OF MARYLAND CEPTIFICATE OF DEATH

-01689	1-	FOR STATE REGISTRAR			DE	PARTMENT	OF HEALT	HAND	MENTAL HYG	HENE	5 REG. N	0 7	1	0	8
		OR PRINT	FIRST	1-11-	MIDDLE		LAST			20 DATE	OF DEATH	MONIH D	AY YEAR	26. HO	
3 80		Clin	ton	E	3.		Joyce	9		March 26, 1986			930	A M	
Ter of	3 SEX	(4 RACE	-11	5. C	ATE OF BIR		YEAR		YEARS LAST BI		FUNDER I YEA		ER 24 HRS
Sofo	Ma	le		White	9		MONTH 15 1915			7	70	YRS	DATS	nouks	M IN.
# 50 /		RTHPLACE (STATE OF FO	DREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED			MARRIED T	9 BALTIMORE CITY OR COUNTY OF DEATH							
11 20		Maryland	7	USA			OWED		NORCED [Ba	It.ma	. Cty	8 ET		MD.
2 600	III CI	TY OR TOWN OF DEA	ГН		HOSPITAL, N			HER INST	TITUTION		L OCCUPAT	ION J		OF BUSIN	VESS OR
1	2	Baltimore	9	360	7 Bayo	onne A	venue		Wilder	LANDI	y Route	in -retire	4		-711
- Family	13g. S	AL RESIDENCE IN NURSI	IS COUN	OTHER INSTITUTION	13c. CITYO		113d	INSIDE C	ITY LIMITS?	130 STREET	ADDRESS	/ ZIP CODE			-3AN
1	12	mo	Valuete			ALTIMA	, , , ,	S 📆	NO 🗌			Hyour	ve Are	21	206
2 5	14 FA	THER'S NAME		MIDDLE	14	AST	15.7	AOTHER:	S MAIDEN NA	ME	MIDDLE			AST	
2 5 5 C		William	,	C.		ice	110	Li.	llian		WIDDIE	Barr		A31	
S To		VAS DECEASED EVER				LSECURITY	NO. 17	NFORMA			ADDR	ESS			
Pog Bed	1,	(ES NO OR UNKNOWN)	WW 2	E WAR OR DATES	217-	07-16	56 1	Mrs.	Lorett	a V.	Jouce	Same			
the		18 CAUSE OF DEATH		v one couse per	r line for (a).	(b) and ic.				1107			BETWEE	DXIMATE INT	TERVAL ND DEATH
pnys npag movent,		PART I. DEATH W	AS CAUSE	BY: E CAUSE (a)		brod th	, rombe	5.5					7.0	ned.a	
d by the atter lease remove ial, cremation or ather traum		Conditions, if any, gave rise to imm cause (a1, stating underlying cause	ediate g the last.	(c)_	RASACON Arten	issder	OF Fi. S						10	year	
n signe Then p r to bur injury, i	NO	PART 2 OTHER SIGN		Share		G TO DEAT	<u>H</u> BUT NOT	RELATED	O TO THE TERM	MINAL DISEA	SE OR CON	DITION GIVE	EN IN PART	la	
it permit.	ERTIFICATI	19a DATE OF OPERAT	ION	196 COND	ITION FOR	WHICH OPE	RATION W	AS PERFC	DRMED	200 AU YES	NOTES	IN CERTIFY	, WERE FIND YING CAUSI	DINGS US ES OF DE NO	ATH?
ol-transitol Hyg	0	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MONT	H DAY	/EAR	HOW IN	NJURY OCCUR	RED (ENTER	nature of inji	URY IN ITEM TO PA	ART I OR PART 2)	
ond Men	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHILE AT WORK	ED	21e PLACE	OF INJURY REET, FACTORY,	OFFICE, FARM E		LOCATION	ON T		CITY OR T	OWN	COUNTY		STATE
d for use of t of Health		220.1 certify that (1) sow the decease above, (1) (we) (d	this haspit					at in 🕝	19 17 7 (our) apinion	death accur	3/2(, red on the o	late and have		ne causes !	
ERAL DIRE		226. SIGNAMIE	g AME (TYPE)	une ly	P		DEGI M. C		ATTENDING PHYSICIAN S	MEDICA	L STA	CIAN []		26/8	
TO FUNERA should be di with the Sta IMPORTANT		Lee E	. GRI	ESSER	mo.			6(12	Lyok						
1 8 7 7	23a B	BURIAL, CREMATION,	REMOVAL	10000		100			CREMATORY	CI	TYORTOWN		COUNTY		STATE
		Burial		Mar.31	,1986	Most	Holu	Rede	Contar.		Baltin	ore	Mary	land	750
- 16 60M 7/B4 (RA 15, 4)	-	eonard J.	Ruck	Inc. Ba	ltimo	ce, Ma	rylan	d	enier, DAI	MAR 3	1 198	Julia Julia	Wandow Wandow	- 1006	delle

	FOR	
۱ -	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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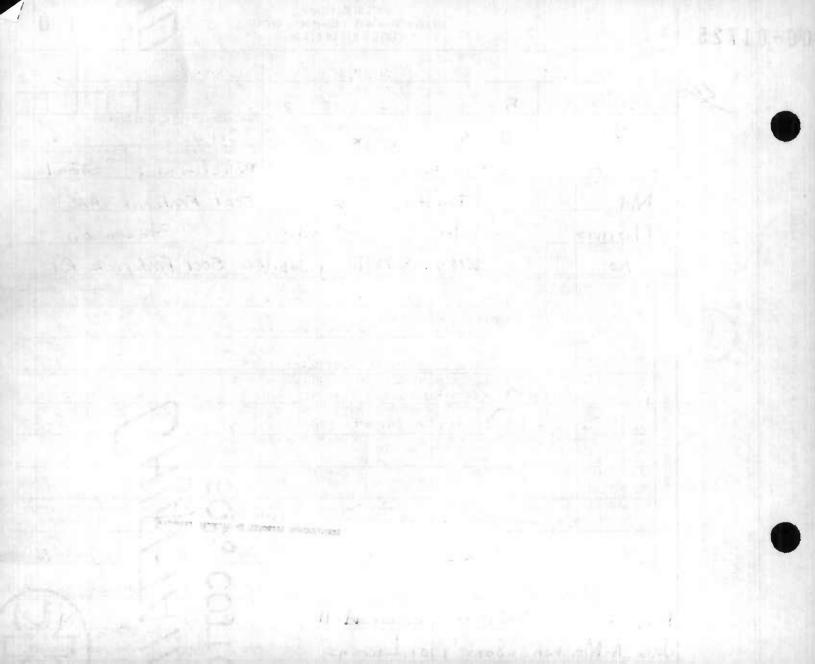
	REGISTRAR		CENTII	ICATE OF DE	AIII	REG. NO.		
	ECEASED NAME FIRST	MIDDLE	l.	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(17)	The	Ma Ca	.50	viner		3	26 86	10:15Pm
3. SE		4 RACE	S. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	Female	Binck	THOM C	479	YEAR 2	1.2	MONTHS DATS	HOURS MIN.
7g. B	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY			45	P BALTIMORE CITY OR COUN		
N	orth Carolina	United States	MARRIE	3737	RRIED	Baltim	ore C	ity MD.
All C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITU	JTION	120 USUAL OCCUPATION		OF BUSINESS OR
16	baltimore	University of		and Shoel	(Traves	Unemployed		One
	AL RESIDENCE (IF NURS)	TOTHER INSTITUTION GIVE RESIDENCE BEFORE TO WAShingt	RE ADMISSION)	134 INSIDE CITY		130.STREET ADDRESS / ZIP CO	DDE GO	1 GLEGES
/4. F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S M	AIDEN NAM	AE MIDDLE	1	AST
1	Tom Jones	more that		Ge	neva_E	Barrett		131
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS		
	(YES, NO OR UNKNOWN) (IF YES, GIV		0309	Wibe	rt Vir	nes Nephew_		HUD-
	18 CAUSE OF DEATH (Enter on	nly ane cause per line for (a), (b), or	nd (c).i				APPRO)	XIMATE INTERVAL
		TE CAUSE (0)						
100		DUE TO, OR AS A CONSEQU	IENGE OF					
	Conditions, if any, which	(16) Sephe	Mr					
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IFNCE OF			7.57.74.00		
	underlying cause last.	(c)						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 1	Ia
CERTIFICATION								
3	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORM	NED	20a AUTOPSY? 20b. IF	YES, WERE FIND	INGS USED S OF DEATH?
3 6	3/7/12	recoting	1 pas	tules		YES NOT	YES [NO 🗌
	OR CONTRIBUTING CAUSE OF DE	- 110110 4 44 41001711 0	AY YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	AIT .	19	0°	to pe	enert would	efet	-
	214 INJURY OCCURRED	21e. PLACE OF INJURY	EARLA ETC)	211 LOCATION		CITY OR TOWN	COUNTY	STATE
2	AT WORK NOT WHILE AT WORK	THE STREET, PACTORY OFFICE	FARM, ETC					
		ital) attended the deceased from			19	, to		, that (I) (we) lost
	saw the deceased plive on abave, (l) (we),(did) (did no	19_ at) view the bady after death.	, at	nd that in (my) (au	or) apinian d	leath accurred on the date and	have and from the	e causes stated
	226. SIGNATURE	1		DEGREE			22c DATE	ESIGNED
	Har	/ homi, M.D.			YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 3/	26686
	224. PHYSICIAN'S NAME ITYPE			22e ADDRESS	0			
	SIMI	MS		25	1-0	MEENE ST	•	
230	BURIAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION	COLINIE	STATE
	Burial	29,March86	Harmo	ony mem	Prk	Landover,	Marylan	
24 F	UNERAL DIRECTOR	ADDRESS			25a. DATE	REC'D. BY REGISTRAR SE REC	ISTRAR'S SIGNA	
F	razier's Funera	1 Home 389 Rode	Island	d AVe, N.	APR	03 1986 gallar	Davidson-16	ndelle.
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id sectionabled for use as the burial-transit permit. Then pleas the section Dept. of Health and Mental Hygiene prior to burial,

The state of the s

		1			STATE OF MARYLAND	14.	
			FOR STATE	DE	PARTMENT OF HEALTH AND MENTAL HYC	GIENES 6	////
10-	01725	' -	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	ay be	(TYPE	STANLEY		JUBILEE	3/25/86	5 P M
	nay	3. SE		4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
	1156		М	B	4 10 22	63 YRS.	MONTHS DAYS HOURS MIN.
	60	Zo BI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COU	NITOV2 9	9. BALTIMORE CITY OR COUNTY	OF DEATH
	# 102 gX		COUNTRY)	11 5 0	MARRIED NEVER MARRIED	CIL	
	de de	10.6	TY OR TOWN OF DEATH	U.S.H.	WIDOWED DIVORCED UNITED TO THE INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	The difference of the	0		(IF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY
201	The file of		Baltimore /	St. Agnes		Bethlehem Steal	STeel
21	d be	130.	AL RESIDENCE (IF NURSING HOME COLATE	JNTY 13c. CITY O	R.TOWN 113d. INSIDE CITY LIMITS?	130 STREET ADDRESS	12/229
N	2 E 2 E		Md.	Ba	1+0 YES NO [5001 Frederic	k Ave
RYL	within within	14. FA	THER'S NAME	MIDDLE LA	15. MOTHER'S MAIDEN NA		LAST
WA	de de de		1 homas	Jubilea	Sadie	Ste	Jenson
W.	ond c		VAS DECEASED EVER IN U.S. A		L SECURITY NO. 17. INFORMANT	ADDRESS	
WO	be exe S. Poge		YES, NO OR LINKNOWN) (IF YES, C	218-1	4-8678 Peggy Jubi	ee 5001 Frede	rick Rd.
ALT	te b		18. CAUSE OF DEATH (Enter of	anly ane cause per line for (a),	(b), and (ci.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	phy phy neph		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) BILA	TERAZ BRONCHO (NEV	LMONIA SEVERE	DAY
N ST			DANATEDIA	DUE TO, OR AS A CON			
010	deoth Res	1	Conditions, if any, which	((b) ANO		TTY 4	DAY
PRE	o e e e		gove rise to immediate cause (a), stating the)			
3	1 7		underlying cause last	DUE TO, OR AS A CON		NEASE - CIRCLE OF WI	WI YEARS
201	ped pled		DART 2 OTHER SIGNIFICANI		NG TO DEATH BUT NOT RELATED TO THE TERM		
DS,	sign hen he bu	Z				WHILE UNDER A	0.000.000
O	v reen nit T	- ĕ	190 DATE OF OPERATION		WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	WERE FINDINGS USED
REC	n. nos bi no perm ne pr	E H	3/18/86	- DISTACRASA	CATARACT LENS		YING CAUSES OF DEATH?
TAL	The te h ricio	CERTIFICATION	ANESTHESSA ONL			RRED (ENTER NATURE OF INJURY IN ITEM 18 F	
>			OR CONTRIBUTING CAUSE OF D	BEATH HOUR A.M. MONT	TH DAY YEAR		
DIVISION OF	SSIC Cer c	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19 211. LOCATION		
Sio	PHY this the bund w	WEL		(AT HOME, STREET, FACTORY,		CITY OR TOWN	COUNTY
NIQ.	ING r of After os t Ith o		AT WORK AT WORK		· SIGE Pr	3/20	· 8 · · · · · · · · · · · · ·
	NS N		220.1 certify that (I) this has			1	r and from the causes stated
	ATTI Sspit SCTC d foo d foo m 21			nat) view the body after death	DEGREE DEKTION APP	OVED BY MEDICAL EXAMINET	22c. DATE SIGNED
	OR Dep		22b. SIGNATURE	0 1	ATTENDING	MEDICAL STAFF	2 /2 CG
	Al det		(rever)	toanon	M . D. PHYSICIAN	DIRECTOR PHYSICIAN	13/26/16
	HOSPITA ned by FUNERA old be de of the Stot		224. PHYSICIAN'S NAME (TYPI		22e. ADDRESS		
	TO HOSPII retained by TO FUNER should be: with the St		STEVEN H	EARCHAN			AONEL HOLPIPAL)
	7 5 5 2 3 3	230.	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY & STATE
	BP		(SPECIFY),	3-29-86	Cedar Hill	Balto	Md: 2
	DHMH - 16 50M 4/B2	24, F	UNERAL DIRECTOR	. 0	DRESS	TE REC'D. BY REGISTRAR 256. REGIST	N t
	(VRA 15, 4)	V	25. A. Norto	in 450hs 1	701 Laurens	MAN 2 7 1900	- macon-Handelle-



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				E OF MARTLAND		Ch 703					
1 -	FOR STATE	DEP		EALTH AND MENTAL HY	GIENE 👸 💍	0 /	1				
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		143			
I DE	CEASED NAME FIRST	MIDDLE	1	AST		MONTH DAY	YEAR 2b H	OUR			
[TYPE	JOSEP	HINE	Ju	DKINS	03-21-86 5.3						
3. SE	X	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR			DER 24 HR			
	FEMALE	BLACK:	MONTH		74	YRS	DATS HOUR	PS MIN			
	IRTHPLACE STATE OR FOREIGN	TO CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH				
	Maryland	U.S.A.		DIVORCED VI	Baltimo	are.		1			
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME		12a USUAL OCCUPATI	ON 12b	KIND OF BUS	INESS (
	Baltimore	Nowth Ch		eneral Hospit	(TYPE OF WORK FOR MOST O						
USU,	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)			1					
13a S	STATE 13b. COU			13d INSIDE CITY LIMITS?	13e STREET ADDRESS						
14 E A	Md ATHER'S NAME	None 1 B	altimore	YES NO I	2525 West	Belvede	re Ave	_ 2]			
1-1 T'A	FIRST	MIDDLE LAST		FIRST	MIDDLE		LAST				
	John Fisher				Unknown						
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL :	SECURITY NO	17 INFORMANT	ADDRE	:55					
		217	09781	Mary Thomas	. 936 N Du-	an Stree	t.				
	IR CAUSE OF DEATH (Enter or	nly one couse per line fai (a), (b					APPROXIMATE IN	NTERVAL ND DEA			
	PART I, DEATH WAS CAUSE	D BY.		A OF LU	116.		LIWEE'S ONSET A	THE DEA			
	IMMEDIA	TE CAUSE (a)	C110010)	A OI LOC	1007			_			
		DUE TO OR AS A CONS									
	Canditians, if any, which	(b) -CAR	-DIAC	ARRYTHM.	14						
	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF								
	underlying cause last.	1 O ARTER	2103021	EIZOTIC HE	ARI EN SE	-ASB.					
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
O	CHIRONIC	0/3 STRUCTIV	E CH.	NGI BYSCA	SE. PNU	ENDUNIN					
ATI	19a DATE OF OPERATION	196 CONDITION FOR WI			200 AUTOPSY?	FINDINGS U	SED				
FIC	03-21-86	PACE-MAKE	R FOR	ARRYTHMIA	INI CERTIFUING CALIFFE			ATH?			
CERTIFICATION	710 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			<u> </u>			
0	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	THE TOTAL PROPERTY OF COM	ENTER NATURE OF INJU	NT IN HEW IS PART OR	PAR(2)				
3	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19					HT			
4ED	216 INJURY OCCURRED	210 PLACE OF INJURY	FICE FARM ETC)	211 LOCATION STREET	CITY OR TO	wn co	UNIY	STATE			
2	WHILE NOT WHILE AT WORK						- 1				
		ital) attended the deceased fr	amO	3-15-19-86	2 10 03	21-19	86 that ((we)			
	220.1 certify that (I) (this hosp sow the deceased alive or		61	nd that in (my) (our) apinion	death occurred on the de	ote and hour and t	am the couses	stated			
	abave, (I) (we) (did) (did no	at view the bady ofter death.		DEGREE			C DATE SIGNI				
	THE SIGNATURE	1011	481/2	ATTENDING	MEDICAL STA						
		1818	1	PHYSICIAN	DIRECTOR PHYSIC	CIAN	03-5	1- 8			
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	- •	22e ADDRESS							
	SUDHIR. D	· PATEL		NURTH EN	AIZLES 6	EN. H	OSPIT	AL			
23a F	BURIAL, CREMATION, REMOVAL		231 NAME OF C	EMETERY OR CREMATORY	23d LOCATION						
- 1	(SPECIFY)	3/28/86			CITY OR TOWN	COUN	TY	STATE			
B	urial UNERAL DIRECTOR	3/20/00	MC.	Zion Cemeter		ore, Mar	yland				
24. FU		ADDR	NESS.		TE REC'D. BY REGISTRAR	756 REGISTRAR'S	IGNATURE				
	Law Funeral HO	me 4611 Park H	eights	Ave. 21215 AP	K U 1 1986	Julia Davida	m-Nation	-			

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	_	7		FOR STATE						AND MENTA	2.5	6.3	0 7	1	2
0-1	02	281		REGISTRAR		ME		EXAMIN	ER'S	CERTIFICATE		KE	G. NO.		
				CEASED NAME	FIRST		MIDDLE			LAST	20	DATE KNOW	MONTH W	DAY YEAR	26 HOUR
	3	ET, SES.			ALOYS:	LUS	J.		K	AHL		OF ESTI-	□ 3 :	25 19 86	M
	PE	PE SE	3. SEX	4 RA	CE :	DATE OF BIRTH	YEAR	6. AGE (IN YE.			DER 24 HRS. 2	DATE RONOUNCED	MÖNTH	DAY YEAR	2d HOUR
h	×	NS NS		Male	White	17 19	19	66 YI	14100141	HOURS	MIN.	DEAD	3	25 19 86	9:55
6_	SSA	A STAN		RTHPLACE (STATE O	R	Th CITIZEN OF WI			2	IED NEVER MA	9	BALTIMOREC	ITY OR COUNTY		
/ 1	2	UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS RESTON STREET,	, ic	Balto. Mo	1.	USA			WIDOV		Ram	Baltimor	ce City		AAD
	42	TO STATE OF THE PARTY OF THE PA	ID. C	TY OR TOWN OF D	EATH	II. NAME OF HOS	PITAL, NU	RSING HOME	, OR OTH	IER INSTITUTION	12a USUA	L OCCUPATION	TYPE OF WORK 12	KIND OF BU	JSINESS
	3	725	_ E	altimore	- 1	Church H			17.1		Ret	Tracto	r Driver	Balto	Ctv.
	8	1308	USU	AL RESIDENCE (IF IN		Church H	VE RESIDENCE	BEFORE ADMISSI							
	21201 ANY	S SHOULD STAND		aryland	Ra 1 t	imore	13c. CITY	ORTOWN		YES NO		T ADDRESS	A	211	
	- P	3. SH		ATHER'S NAME	20020				_	15 MOTHER'S MA		1 Kahl	Ave. Per	TA HaT	I_Ma_
	- E	SW PW 3		Joseph		John		Kahl		FIRST		MIDDLE		LAST	
	S AFTER DEA	B. GIVE PAGES 1, WITH FORM PM. IT. PAGES 1 AND C. DIVISION OF WITH	160.	VAS DECEASED EVE			TIAN SOC	IAL SECURIT	Y NO.	17. INFORMANT	alina	ADD		hrenke	
1_1+	NE SE	WITH FOR WITH POR WIT PAGES 1		ES, NO, OR UNKNOWN)	(IF YES, GIVE W			5-32-00			2.3.		Perr	y Hall	21128
	SS A	PEASI		No	711.5				JUZ	Mrs. M	agualin	a Kahl	9031 Kab		
- 4	5 3	NE. D. S. D.	9.7	18 CAUSE OF DE. PART I DEATH										APPROXIMAT BETWEEN ONSE	T AND DEATH
	6 %	PERMI SIENE, VAL.		100	IMMEDIATE					cardiovas	scular o	ulsease			
(MY		Conditions, if	ony which	DUE TO, OR	AS A CON	ISEQUENCE (OF.						
- 1	WITHE	ZAN ZAN	100	gove rise to	immediate	(b)			-3.3						
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	8 3 0 0 0	S S S S S S S S S S S S S S S S S S S				(c)						1000	0.00		
- 4	RECORDS.	"PENDING" F MEDICAL ED AS A BURIAL - TRANSIT PER HEATH AND MENTAL HYGIE LL, CREMATION, OR REMOVA	-	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	INTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEAS	E OR CONDITION GIVEN II	N PART 1 (g)	-	763	1	
	5 E	MEDI MEDI MEDI MEDI MEDI MEDI MEDI MEDI	CERTIFICATION											N. Illusia	
	AL RE	SITING THE WORD "PER DED TO THE CHIEF AN E 3 SHOULD BE USED A E DEPARTMENT OF HEA DI PRIOR TO BURIAL, C	CA	19a. DATE OF OPE	RATION	196 CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORMED?				20. AUTOPSY	?
1-1-6	S CERTIFICATE SHOU	CHIEF CHIEF	E										-200	YES 🗌	NO 🔀
	OF ATE	S O NE DE LE		210 EXTERNAL CA		12 Ib. TIME OF		DAY YEAR	21c H	OW INJURY OCCU	RRED (ENTER NA	TURE OF INJURY IN IT	EM 18 PART 1 OR PART	2)	
	NO SIE	E 5 5 5 5	MEDICAL	CONTRIBUTING	CAUSE OF DE			19							
	VISI CERI	RETING RE 3 St TE DEP	ED	21d INJURY OCCU	RRED	21e PLACE	OF INJURY			CATION		CITY OR TOWN	COUN	TV.	STATE
	AS C	RWARDE RWARDE STATE D C, 21201	2	WHILE AT WORK AT	WORK							CHT OK TOWN	COOK		SIAIE
	122	E ST.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		of the remoins des	cribed obo	ve held on	Autop	sy , Inspec	ction X	Inquiry .	ond in my opin		
	N N	SACEA		death resulted fro		couses X	Accident		icide	. Homicide	7	mined monner		1011	
	3	NIT NIT		dedin resolico ire	1401010	recoses (E-)	Accident	٠, ٥٠	icide	TITLE (SPECIFY		mined monner	<u> </u>		
	9	2507.8		ACTUAL SIGNATURE	Au	12	7			Assista			DATE	3-26-8	36
	\$	ESER SE		SIGNATURE	1	7	20		^	.D. <u>11331344</u>	WEDIC	AL EXAMINER	SIGNED	2 20 0	
	WED	PAR SAFE	-	EXAMINER'S NAM (TYPE OR PRINT)	Ahn M	I. Dixon,	M.D.			ADDRESS_111	Penn S	t., Balt	to., MD	21201	
	5	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STA	23a.B	URIAL, CREMATION	REMOVAL 123h	DATE	123¢ N	IAME OF CEA	AFTERY O	R CREMATORY	23d. LOC	ATION			
02.4			(:	SPECIEY!	ial	3-28-86				hurch Cem		IOWN	COUNTY	2	TATE
07/s 25N	A	3P	24 F	UNERAL DIRECTOR	in	401 Bell			PII G		TE REC'D. BY R	EGISTRAR 25b	Baltimore REGISTRAR'S SIG		
		DHMH - 17 R A15 ME (5))	1.2	SSHOH F.	H. 1	BATO N	1D	2123	6	M.	AK 31	1986	ando	MATURE	
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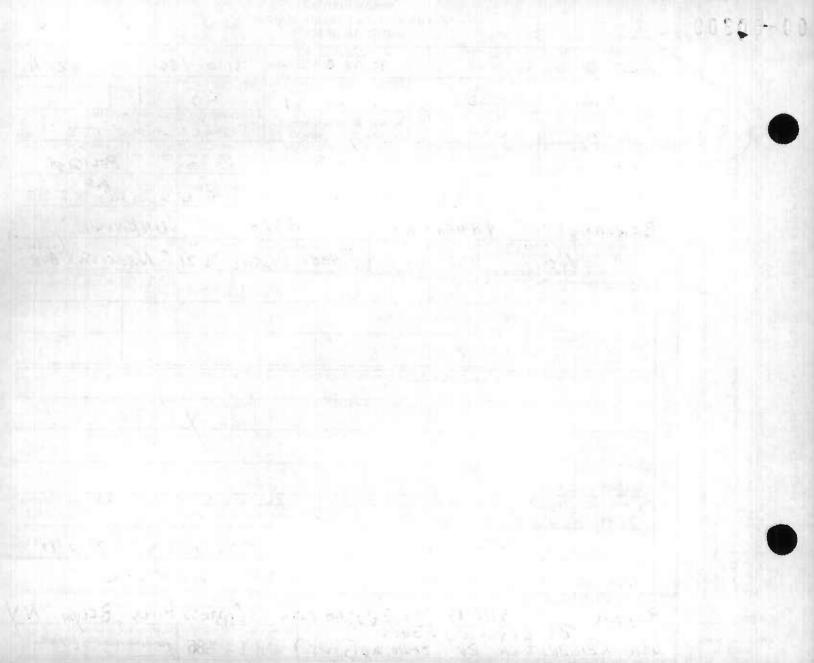
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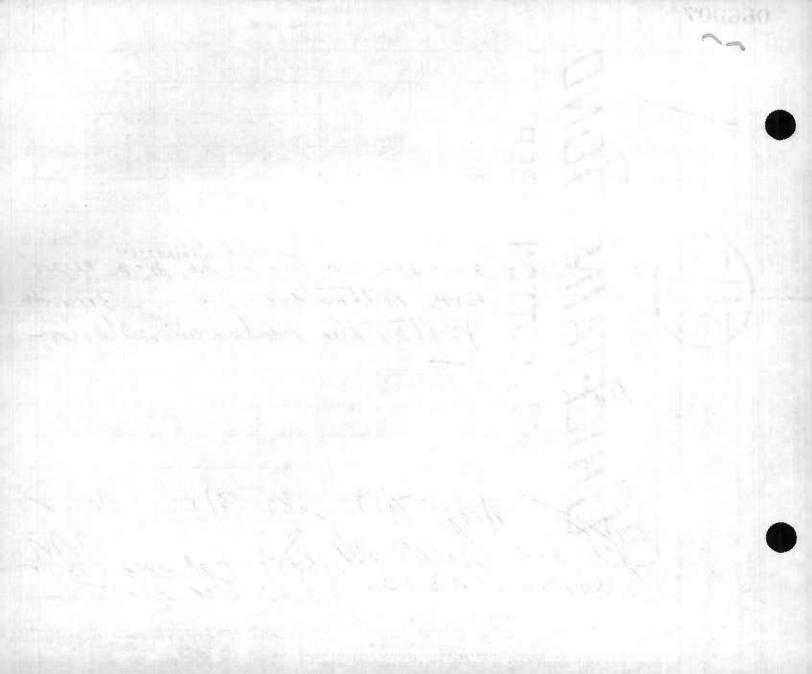
ESTIS LES TON LINE THE MEN

	1			STATE OF MARYLAND		
00-03309	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	07/13
		CEASED NAME FIRST	MIDDLE	LASKAMENECKI	20 DATE OF DEATH MO	NIH DAY YEAR 26 HOUR
1 75 W	(IYP	RABBI D JAC	943	KAMENEUL	3/10/8	6 7-20 Am
2 00	3. SE	, , ,	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	
* 01		M ALE	CAUCASTAN	2 28 91	95	YRS. MONTHS DAYS MOURS MIN.
1 (12.00		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED M NEVER MARRIED	9 BALTIMORE CITY OR	
章 (是) 章		KUSS LA-	USA	WIDOWED DIVORCED	BALTI	110.
1 142	10 C	BACT I MONE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) SIWA)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
ND 2120	₩5U 13a.	AL RESIDENCE (IF NURSING HOME OF STATE	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136 CITY OR TOW BALLI	N _ SI 134 INSIDE CITY LIMITS?	130 STREET ADDRESS / Z	IP CODE AVE 21215
A I	14. F	ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
MAR be de w		BENSAMINI	MODIE CAMENEC	-/	TA MIDDLE	UNKNOWAY
BALTIMORE, cate be execut appers. Pages vol.		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECULAR WAR OR DATES) 132-26	- 9117 RABBI DE	SKEN 5715	- NARCISSUS THE
DS, 201 W. PRESTON ST quires that the death certi- signed by the attending is hen please remove carbon to buriol, cremation, ar ren njury, ar other traumatic ev	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDI	TION GIVEN IN PART I (a)
L RECORDS, of the requirement of the prior to be more prior to be more on the	CERTIFICATION	198 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
4 OF VITA The physicic certificate arroll-tronsit entol Hygie arroll-tronsit hem 18 sho	4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY I	N STEM TB PART T OR PART 2)
NG PHYSICIAN: The offending physician the this certificate has a physician to an environment of the one behalf lygger arked on them 18 show	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN	COUNTY STATE
Do 4 a o E			attended the deceased from.	2/12 19 XC		19 86, that (1) (we) last
TOR TOR For use of He		saw the deceased alive or	at) view the body after death.	16 , and that in (my) aur) opinion	death accurred on the date	and hour and from the causes stated
AL OR ATT the hospit L DIRECTO		226. SIGNATURE	Colot In	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 3/10/P
10 HOSPITAL retained by the TO FUNERAL should be detained with the State		224 PHYSICIAN'S NAME (TYPE OF MANK A	GOLPSTEM	27e ADDRESS		PITAL
PP	23a.	BURIAL, CREMATION, REMOVAL	3/10/P/ B	NAME OF COMETERY OF CREMATORY	· Cypress	ILLS COURTELYN, STATELY
DHMH - 16 50M 4/83 (VRA 15, 4)	24 1	UNERAL DIRECTOR SOL	LEVINSON TOUR	1005 420 lup CVV5 MA	TE REC'D! BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE



066007 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR LITHER DRIVEN 9:35P. 1, 1986 DAVID KAMINETSKY MARCH 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 1.5EX MONTH CAUCASIAN MARCH 26, 1921 MALE BIRTHPLACE PALLE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X COUNTRY MARYLAND U.S.A. WIDOWED DIVORCED [BALTIMORE CITY 12b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH (21208 B LEYPE OF WORK FOR MOST OF WORKING LIFEL INDUSTRY SUTCHER FOOD BALTIMORE 7304 PARK HEIGHTS AVE. (21208) DA-STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 7304 PARK HEIGHTS AVE. APT. B BALTIMORE MARYLAND 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE WEINSTEIN KATIE JACOB KAMINETS YES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 CHIER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 186 CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO VES. NO [The ACCIDENT WAS UNDERLYING TO 216 TIME OF INJURY THE HOW INJURY OCCURRED. FOR DESIGNATION OF HIGHER AND REMAIN CREATED TO HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PM OF REPORT OF THE MARKET BY TRANSPER. 10 THE INJURY OCCURRED THE PLACE OF INJURY CITE OF TOWN COUNTY (AT HOME STREET PACTORS OFFICE PARK ETC.) four) opinion death occurred on the date and hour and from the couses stated 73s. BURIAL CREMATION: REMOVAL CRECEY HAR SINAI BENEVOLENT SOC. BURIAL 3/3/86 ROSEDALE - BALTO 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 60M 7/84 (VRA 15, 4) 6010 REISTERSTOWN RD. BALTIMORE MARYLAND 21215

STATE OF MARYLAND



STATE OF MARYLAND

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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.				- 11

1		CEASED NAME	FIRST	A	AIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	(I AbF	OR PRINT)	yrtle			Keati	ng	March 4, 1	986		2:30 P M	
1	1:382		4	RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
	Temale White TO BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTY) Maryland U.S.A.				Oct	6, 1908 YEAR	77 YRS MO		DNIHS DATS HOURS MIN,			
4				WHAT COUNTRY?	8	D MENED WARRIED D	9 BALTIMORE CITY OR COUNTY OF DEATH					
7				MARRIED NEVER MARRIED WIDOWED DIVORCED			Baltimore	MD.				
7		TY OR TOWN OF DEAT Baltimore	- 4	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired own	ON WORKING LIFE)	INDUSTRY	BUSINESS OR Burant	
24	U A	AL RESIDENCE (IF NURSINGTATE	GHOW OF D	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDECITY HAITS?	12- STREET ADDRESS /	ZIP CODE			
7	-	aryland	Howar	d	Ellicott	Cit	YYES NO	8386 Lark	Brown F	Road 2	21043	
0		Jnknöwn	MI	DDIE WU	ander (AST		IS MOTHER'S MAIDEN NAM			LAST		
į t		VAS DECEASED EVER II			166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS	21	1043	
4		S NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218 32 20	075	Ann M Balcer	zak 8335 Cou	ırtAve			
Ī		18 CAUSE OF DEATH PART I. DEATH WA			Ine far (a), (b), and						NATE INTERVAL NSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (1b) Sepsis										
		gave rise to imme couse (01, stating underlying cause		DUE TO, OF	R AS A CONSEQUE	NCE OF						
	z	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN	IN PART 110	7 78	
4	FICATION	9a DATE OF OPERATI	ION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES. V	VERE FINDING	GSTISED	
								YES NOK NESTIFYING CAUSE				
	AL CERT	210 ACCIDENT WAS UNDE	AUSE OF DEATH		M. MONTH DA		21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)		
	MEDICAL	21d INJURY OCCURR		P./		19	211 LOCATION					
1	ME	NOT WHILE	Ė		EET, FACTORY OFFICE FA	RM ETC)	STREET	CITY OR TOV	VN	COUNTY	STATE	
		22a certify that (1)						to March 4	• • • • • • • • • • • • • • • • • • • •		hXXXwe) lost	
		sow the deceased above to (we) (di	XXXX	March 4	affer death.	36 ar	nd that in 💥 (aur) apinion a	leath occurred on the do	te and haur a	nd fram the co	ouses stated	
1	3	226 SIGNATURE	,53	(1/	slight?	7		MEDICAL STAF		22c. DATE S		
1		22d PHYSICIAN'S NA	ME (TYPE OR		307	1	PHYSICIAN X	DIRECTOR PHYSIC	IAN	0/1/	-	
/		Robers	E.	Ross	YUMI	2	c/o Maryland	d General Ho	ospital		KETT	
2		URIAL, CREMATION, R SPECIFY) Burial	EMOVAL	23b. DATE March	11, 1986	AME OF C	emetery or crematory owridge	23d LOCATION CITY OR TOWN	Howard	OUNTY Mar	yland	

DHMH - 16 60M 7/84 (VRA 15, 4)

Inc 4112 Old Columbia Pike Ellicott City

MAR 10 188 4 July Funeral Home

MAR 10 188 4 July Funeral Home

MAR 10 188 4 July Funeral Home

The funeral Director Harry H Witzke & Family Funeral Home

Inc 4112 Old Columbia Pike Ellicott City

MAR 10 188 4 July Funeral Home

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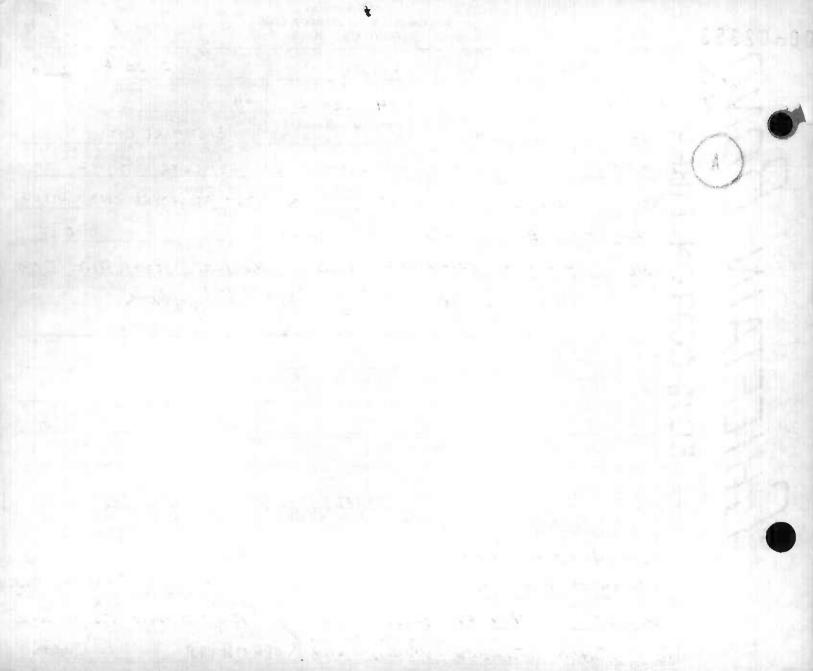
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STATE OF MARYLAND



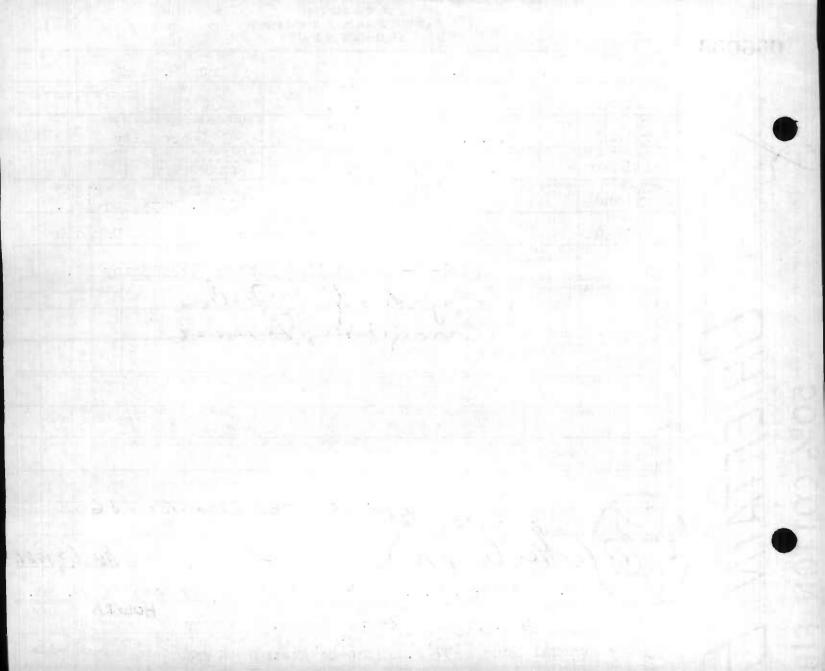
02252	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 7 / 1	8
0 2 3 3 3	REGISTRAA CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUSE	R
1	DOROTHY V. KELLER 30 86 12.11	
I W	SEX C S. DATE OF BIRTH AND YEAR CAST BIRTHDAY YEAR CAST BIRTHDAY ON THE DAY YEAR CAST BIRTHDAY ON THE DAYS HOURS TO THE CONTROLL OF THE CONTRO	MIN.
	DESCRIPTION OF WHAT COUNTRY? & MARRIED WINEVER	M
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The state of the s	DELIAL RESIDENCE IN ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) OUNTY 134 CITY OR TOWN 134 INSIDE CITY LIMITS? 135.STREET ADDRESS / ZIP CODE 1767 BELVEDERE ROAD 21	90
11/10	MIDDLE LAST FIRST MIDDLE LAST ELLIZA MIDDLE LAST MIDDLE LAST	٤
110	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 22/-16-6080 DATE KELLER PORT DUPOS 17	- 1
been agout by	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT	D
A Company	TES NO TES NO	
CCLON.	210 ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. TIME OF INJURY 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 2) 210. HOW INJURY IN ITEM 18 PART 2)	
G PHYS offerday of the but ond Me	21d INJURY OCCURRED 21d INJURY OCCURRED WHILE ALWORK ALWORK CATORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY ST	STATE
ATTENDER OF CTOP, Attended of the case of	220 L certify that (1) (this haspital) attended the deceased from 2/15 66, 1986, to 2/30, 1986, that (1) (w. saw the deceased alive on 3/30, 1986, and that in (my) (aur) apinion death occurred on the date and hour and from the causes sto above, (1) (we) (did) (did not) view the body alter death.	
TAL OR A THE NO STALL DIRECT CONTROL OF THE	276 SIGNATURE Charles Parkash belan Degree ND ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTO	
O HOSPIT. FILLINES TO FUNES Hould be district the Signame Management MANAG	CHANDRA P. BECAN, UMCC, Univ. of MD Hospital, Baltimore	m
BP		TATE
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR ADDRESS RIS 144 SEN DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS RIS 144 SEN DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	92_



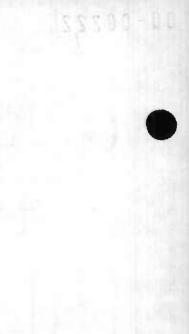
00-00/3	7	FOR STATE REGISTRAR		ARTMENT OF F	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		77	19			
eath be		CEASED NAME FIRST	MES CHARLES		KEENAN	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 3. WA						
se 4 ma) ctor. po s offer d	3. SE	X MALE	WHITE	5. DATE C	. 2, 1905	6 AGE (IN YEARS LAST BIR	THDAY) IF WOF		FUNDER 24 HRS			
of the part of the		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	7b. CITIZEN OF WHAT COUN	TRY? 8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O BALTIMOR	R COUNTY O		AAF			
s ofter d	10 C	ITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S UNION MEMOR)	JRSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATE 174PE OF WORK FOR MOST O DRIVER	ON F WORKING LIFE)	12b. KIND OF EINDUSTRY TAX	BUSINESS OR			
n 24 haur	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ARYLAND	OTHER INSTITUTION GIVE RESIDENCE ITY 130 CITY OR BALTIN			13. STREET ADDRESS / 3219 ST. PA	ZIP CODE	21218				
within and within	14 FA		widdle last		15 MOTHER'S MAIDEN NA/	ME MIDDLE UNKNOWN		LAST				
be execu		VAS DECEASED EVER IN U.S. AR/ yes no or unknown) (IF yes give NO	MED FORCES? 166 SOCIAL (WAR OR DATES) 218.03		James C. Keenan, Jr. Mar Drive, Fairfax, Va. 22032							
res that the death certificationed by the attending styre of please remove carbon leads our company, or an other traumatic event.		18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) CAROIAC ARREST, decute In proceeding to the couse rose to immediate couse rose to immediate couse rose to immediate couse rose lost. DUE TO, OR AS A CONSEQUENCE OF PNEUMONIA DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN										
he law requi	CERTIFICATION	190. DATE OF OPERATION	19b CONDITION FOR WE			200 AUTOPSY?	20b. IF YES, V	VERE FINDING	S USED F DEATH?			
HYSICIAN. T ading physic. ins certificate burial-transi I Mental Hyg ar Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IFEITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	111	DAY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I ORPART ?)				
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R ATTEND haspital a RECTOR: A red for use spt of Heal		220 I certify that (1) (this hospit sow the deceased alive on above, (1) (wa) (did) (did not 22b. SIGNATORE		19.86 or	d that in (my) (our) pinian o	eoth occurred on the do	ite and hour o					
HOSPITAL O		22d PHYSICIAN'S NAME (TYPE OF			ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	IAN	3/15	5/86			
TO HOSPITA retained by TO FUNERA should be de with the Stat	23n B	GREGORY S.	BARROW 1236 DATE	73, NAME OF C	METERY OR CREMATORY	123d LOCATION						
BP	C	SPECIFY) CEMATION JNERAL DIRECTOR			ount Cremator	Baltimo	re		yland			
DHMH - 16 60M 7/84 (VRA 15, 4)		altêr Brooks Bra	adley, Inc. Ba	Ito., M	1. 21222 250. DATE	MAR 1 7 19	6 REGISTRAL	R'S SIGNATUR	fandels			

AND THE RESERVE

000001	FOR STATE REGISTRAR			DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYC CATE OF DEATH	REC	0 7	1 1 2	1
066034	I. DECEASED NAME	FIRST	MID			ST	20. DATE OF DEAT			HOUR
page 3	,	Bess	ie	Н.	Kerl	er	March		86	M
e 4 may ctor, po s ofter d	s.sex Femal		White		5. DATE O	E . 8, 1895	6. AGE (IN YEARS LAS	YRS.	MONTHS DAYS HO	UNDER 24 HRS
B	Maryland	OR FOREIGN 76	U.S.A		0	NEVER MARRIED	Baltimore CIT	Y <u>or</u> county nore Ci	ty	MD.
1100	Baltimor		I NAME OF HO	SPITAL, NURSIN ACHITY, GIVE STREET Savoy	GHOME O	ROTHER INSTITUTION	176 USUAL OCCU ITYPE OF WORK FOR MY Seams	OST OF WORKING LIFE	126. KIND OF B INDUSTRY	USINESS OR
22 holy	usual residence (# 130 STATE Maryland	NURSING HOME OR OT	THER INSTITUTION, GE	Baltim	admission) ore	13d INSIDE CITY LIMITS?		ss Patap	2123 sco Ave	
d within	14. FATHER'S NAME George	MIC	на На	gemän		Georgea	MIDD	lE.	Unknow	'n
Poges 1	160 WAS DECEASED E 14ES, NO OR UNKNOWN	VER IN U.S. ARMI	ED FORCES?	216-05		17 INFORMANT William K		odress 3109 Sa	VOV St	
equires that the of signed by the of Then please remote to burial, cremaninjury, or other tra		immediate stating the cause last	(c)	AS A CONSEQUE		NOT RELATED TO THE TER	MINAL DISEASE OR (CONDITION GIV	EN IN PART 1(a)	
n. n. nas bee permit, ne priori	190 DATE OF OF	PERATION	196 CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES OF S	
trysician: The ding physicia physicia is certificate burial-transit Mental Hygie ar frem 18 sha		AS UNDERLYING CONTROL CAUSE OF DEATH	216. TIME OF HOUR A.M	. MONTH D.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE O	INJURY IN ITEM 18, P	ART 1 OR PART 2)	
DING PHYS or offending After this c e as the bur alth and Me	IF EITHER, NOTIFY 21d. INJURY OC WHILE AT WORK	CURRED	210 PLACE OF	F INJURY T, FACTORY, OFFICE, I	ARM, ETC.)	ZII. LOCATION STREET	CITY C	OR TOWN	COUNTY	STATE
OR ATTENDING or the haspital or DIRECTOR: At oched for use of Dept. of Health from 21 is mo	220.1 certify the saw the de abave, (1) (1 22b. SIGNATUR	at (I) (this haspital eceased alive and we) (did) (did soi) E	attended the	deceased fram 19 S tter death.	, 01	9 76 nd that in (my) (our) apriniar DEGREE			r and from the cal	uses stated
by the by the by the by the by the best dette dette control of the best by the	22d PHYSICIAN	I'S NAME (TYPE OR P	PRINT)	ug N)_	22e. ADDRESS	DIRECTOR PH		March	3/986
O HOSP etained TO FUNI should be with the	Morri	s W. St	teinber	g, M.D		3913 Holl				. Md.
BP Off W	230 BURIAL, CREMAT Burial		236. DATE	230	NAME OF C	emetery or crematory vridge Mem.	Pk Dorse		Marylan	STATE
	24. FUNERAL DIRECTO	DP.					TE REC'D. BY REGIST	RAR 256. REGIST	RAR'S SIGNATUR	andere



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0222	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL F	HYGIENE 8 6	0 7	1 2 2
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0 0		Daw			ness			6 431p
frer d	3. SE		4. RACE	5. DATE (6. AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HR
a d		remale	Black	3	7 86		YRS.	4
(8)		RTHPLACE (STATE OR FOREIGN BALTO.	76 CITIZEN OF WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY O	OR COUNTY OF DEATH	н
18	10 CI	BALTO.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE			178. USUAL OCCUPAT		ND OF BUSINESS C
200	130 S	AL RESIDENCE (IF NURSING HOME OF			13d INSIDE CITY LIMITS	? 13e STREET ADDRESS	/ ZIP CODE(T4)	2113:
1100	M	aryland Bali	timore Randa	allstow	NYES X NO	3530 Car	riage Hi	11 Circ
d 2 2 2 2 5	13. F	THER'S NAME FIRST	MIDDLE	st	15. MOTHER'S MAIDEN	NAME		LAST
dwo	1)		dward K	855	30-Z.	Ann		HOLLAND
die g d		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b SOCIAL VE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDR	ESS	
Po .		NO -			Donald E	. Kess Rand		
physici novol. rent, th		18 CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE	D BY:		10 Mer A	REEST	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEAT
ropu r ren		IMMEDIA	TE CAUSE IU/					
rend on, c		Conditions, il any, which	DUE TO, OR AS A CON	SEQUENCE OF	PEOBABLE	GRAM NEC	ATINE SEP.	SIS
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n signed Then ple r to burio injury, or	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION			ERMINAL DISEASE OR COM		1
hos been to permit.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FII IN CERTIFYING CAU YES	
this certificate burial-transit ad Mental Hygis		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTI	H DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PAR	T 2)
ter this cost the burner of th	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OUNT!	Y STATE
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for the state of H		saw the deceased alive an abave, (1) (we) (did) (did no	3111 of view the body after death.	19_ 86 , a	nd that in (my) (aur) apin	ian death accurred an the c	late and have and fram	the causes stated
OR A be has Directed Dept F frem		276. SIGNATURE	n Sover	TMN	DEGREE ATTENDING		FF	DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE OF			PHYSICIAN 22e ADDRESS	N DIRECTOR PHYSI	CIAN	
5 6 6 4 3 3		SURIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATO		2014	53476
BP		BURIAL	3-13-86	Crest	Lawn Cemet	ery Marrio	tsville H	oward M
H - 16 50M 4/83	24 FI	JNERAL DIRECTOR	CONTROL SAID		25a	DATE REC'D. BY REGISTRAL	256 REGISTRAR'S SIG	NATURE
(VRA 15, 4)	На	rry W. Haigh		DRESS		MAR 1 3 1986	1	



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Tom d. Hater, Mr. Lavele, Mar 20 782

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23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

3/29/86

23b. DATE

Loudon Park Cemetery Baltimore 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

MAR 3.1 1986 Julia Davidon Anglas

23d LOCATION

Maryland

IF LINDER I VEAR

INDUSTRY

12b. KIND OF BUSINESS OR

Tracey

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

COUNTY

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22c DATE SIGNED

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		REGISTRAR				REG. NO).		
		CEASED NAME FIRST	WIDDIE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	() IFE	Bruxin	e Robert	Ki	na		3-14-	-86	4:50Am
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2	10 CI	TY OR DWN OF DEATH	. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATE		KIND OF	BUSINESS OR
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	_	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributi</u> n	IG TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cone	ITION GIVEN IN	PART lia	
	CERTIFICATION				34				
つ	CAI	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WER		
-	TIF					YES NOT	YES	CAUGES	NO [
	G	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART LO	R PART 2)	
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		22b. SIGNATURE			DEGREE		2	ZE. DATE S	IGNED
		MAX, 14	hhx.	14	ATTENDING PHYSICIAN	MEDICAL STAF	F	3-16	1-86
		22d. PHYSICIAN'S NAME IN	No.		22e ADDRESS	DIRECTOR [] THISIC	N. N.	5 1	1 00
		Dr. Alexander	Boadascher	ist.	30015. H	DIAMIDIA S	+		
	23a B	BURIAL CREMATION, REMOVAL	ZIB DATE	23c. NAM OF C	EMETERY OR CREMATORY	23d LOCATION			
	- (Burial	3/19/86		Hill Cem	Brooklyn	A.A.	ITY I	Md STATE
		INIERAL DIRECTOR				DECID BY DECK TO COL			The same of the sa

DHMH - 16 60M 7/84 (VRA 15, 4)

Chas.A.Rice

FSPA 1300 Eutaw Place

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should be detached for use as the burnal-transit permit. Then please remove corban page, with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal IMPORTANT: If them 21 is marked ar Item 18 shows any injury, or ather traumatic event,

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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STER BEALTIMORE, MERKLAND, 2						NAME OF CEMETERY	/ IDD NEGO	236 LOCATION				
		(SPI	RIAL, CREMATION ECIFY) Buria		4/3/86	1	dar Hill (Balti	mome	COUNTY	STATE	
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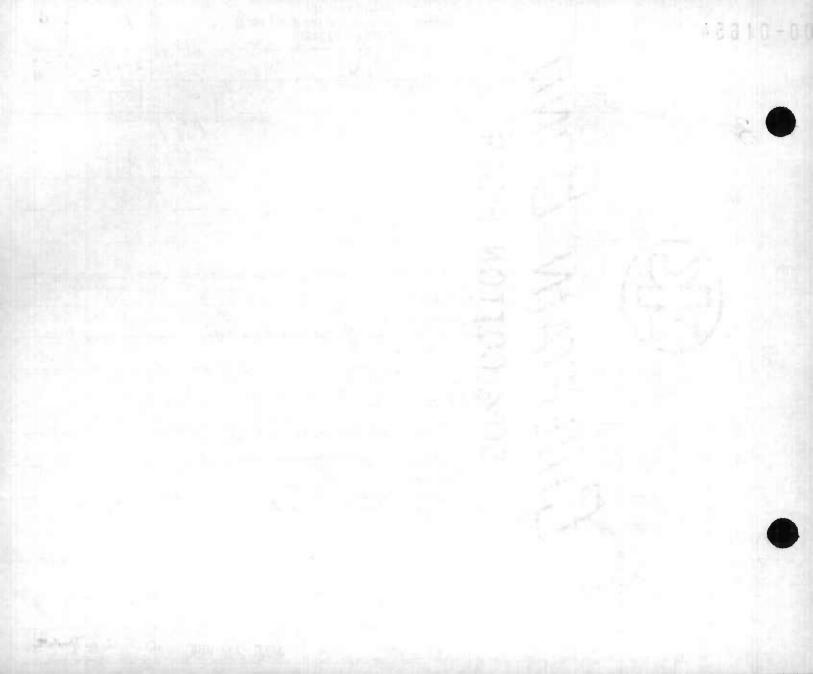
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10-01654	- STATE REGISTRAR		ERTIFICATE OF DEATH	REG. NO.	
oge 3	1. DECEASED NAME FIRST	TIE	KING	3/23	3 86 3 4 AM
me 4 mo	3 SEX	B	DATE OF BIRTH MONTH DAY 1887	6 AGE (INYEARS LAST BIRTHDAY) 98 YRS	FUNDER YEAR IF UNDER 24 HRS.
3 35	OUNTRY) BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Md	USA	AARRIED NEVER MARRIED DIOWED DIOWED DIOWED DIOWED DI	BALTIMORE CITY OR COUNTY	MD.
1	Baltimore	11. NAME OF HOSPITAL, NURSING H		(TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
AND 211	USUAL RESIDENCE (IF NURSING HOM 130 STATE 136 CC		13d INSIDE CITY LIMITS? YES X NO		Avenue 21215
MARYL ompletely and 2	Richard	Johnson Johnson	Florence	MIDDLE	Johnson
IIMORE,	160 WAS DECEASED EVER IN U.S. (YES, NO PRUNKNOWN) (IF YES)	ARMED FORCES? 166 SOCIAL SECURITY 213-14-592	T- midl- D-dd	5535 Lynview Ave	enue
ST., BAL	PART I. DEATH WAS CAL	only one couse per line lor (a), (b), and (c)	atom Acre	st.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		DEATH HOUR A.M. MONTH DAY		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
NG PHYSICIAN: ortending physic differ this certificate as the buriol-trons than demand Hygical arked or tem 18 sl	OR CONTRIBUTING CAUSE OF	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pirol or TTOR: Af for use of of Health	22a I certify that (I) (this ha	on 3/2 3/4 19	, and that in (my) (our) opinion	death occurred on the date and hou	19_56, that (I) (we) lost or and from the couses stated
AL OK A the has AL DIREC detached detached Ti. If Item	THE SIGNATURE ST	en MO	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
TO HOSPITAL eforined by the TO FUNERAL should be deter with the Store with the Store MORTANT: I	22 PHYSICIAN'S NAME (1)	Perry M.D.	22e ADDRESS	spital of B	Perle
ρ	230. BURIAL, CREMATION, REMOV (SPECIFY) Burial		E OF CEMETERY OR CREMATORY	Baltimore, M	d.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	ADDRESS	250. DA	TE REC'D. BY REGISTRAR 256 REGIST	TRAP'S SIGNATURE

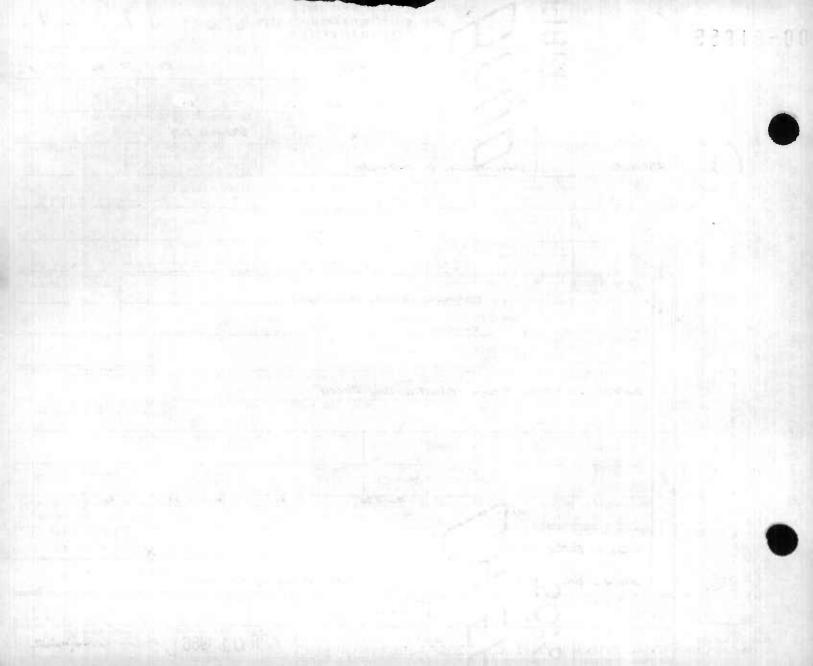
Will'i am C. March F/H West 4300 Wabash Avenue

(VRA 15, 4)

STATE OF MARYLAND



Topic Topi		FOR	DED A DI	STATE OF MARYLAND	CIENTED 6	7 7 2
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Section Sect	0 / 1				ADDRESS	TVIII XX
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	4)	M.C. MARCH F	/H INC. 1101 E	.NORTH AVE.	11 0 1 1900	a series for for
VM. C. MARCH F/H INC. 1101 E. NORTH AVE. APR 01 1986						



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWNXX LIYPE OR PRINT ESTI-DEATH MATED □3-30-86 19 TOSEPH 4. RACE IF UNDER 24 HRS 2c DATE 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED 54 White 18 1931 DEAD Male YRS 3-30-86 19 41:15 PM TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED X NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Shear Operator Beth. Steel 2000 O'Dell Avenue USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 21237 13n STATE 13h COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore 2000 O'Dell Ave. Apt. 917 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST Alexander Kisielewski Stella Stachowski 160. WAS DECEASED EVER IN U.S. ARMED FORCES? JAH SOCIAL SECURITY NO 7 INFORMANT ADDRESS DIVISION LIE YES GIVE WAR OR DATES 216-28-1120 No Bessie Kisielewski Same as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Multiple injuries

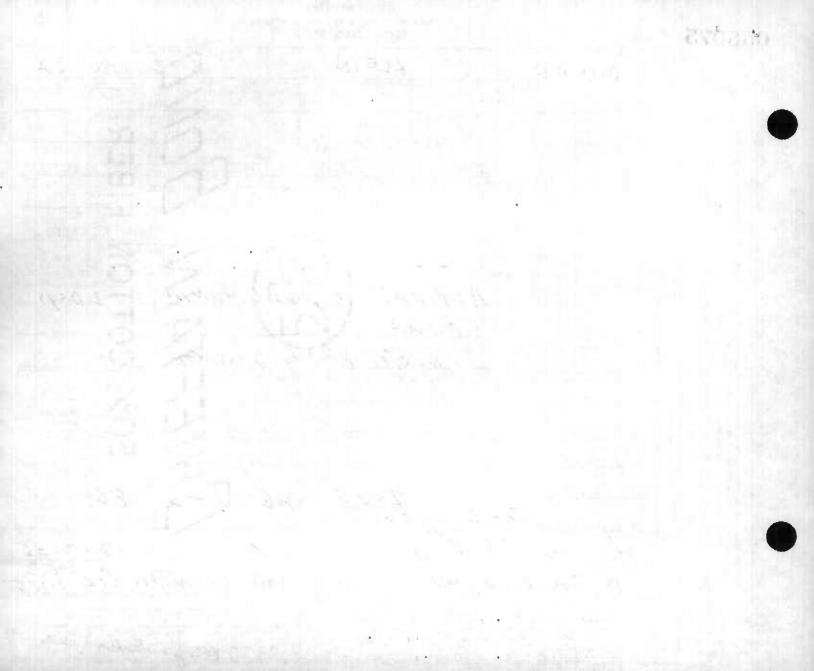
(DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURIAL AND ME PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED / 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [DEPARTMENT NOus 8 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YEAR UNDERLYING CONTRIBUTING CAUSE OF DEAT NER: THIS CERTIFICATE, WRITING TO FORWARDED TO apparently subject jumped from balcony 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, WHILE AT WORK balcony 2000 C'Dell Avenue apt. bldg. Balto., Maryland Inspection X 22a I certify that I taak charge of the remains described above, held on Autopsy Inquiry and in my apinian Suicide X Natural causes Accident Hamicide ____ Undetermined manner EXECUTE THE CER EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH WITH TITLE (SPECIFY) ACTUAL M.D.Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Pnn Street (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY COUNTY STATE Buria] Sacred Heart Of Mary Dundalk Maryland Baltimore 07/84 BP 25M 24. FUNERAL DIRECTOR Duda-Ruck, Inc. **DHMH** - 17 21222 (VR A15 ME (5)) 7922 Wise Avenue Dundalk, Maryland

66075		FOR STATE REGISTRAR		TMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0 0	7 7	3 2
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of or	3 SE	AALE	WHITE	5. DATE O	DF BIRTH 2, DA 1916 YEAR		IF UNDER 1 YEAR	HOURS MIN.
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11 90	L	BALTIMORE	LEVINDAL	E HEBR		TYPE OF WORK FOR MOST OF WORKING LIFE POSTAL SUPERVIS	INDUSTRY	POSTAL
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+03)	MICHAEL	KLEIN		MOLLIE	MIDDLE		WARTZ
Page 1		VAS DECEASED EVER IN U.S. ARM VES NO OR UNKNOWN) (16 YES, GIVE NO	ED FORCES? 16b SOCIAL SE- WAR OR DATES} 214-14		3722 EASTMAN	RS. HILDADAMES KLEI N RD. RANDALLSTO	WN, MD	21133
tending physic ve corbonpope on, or remaval umotic event, th		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which	CAUSE (o) DUE TO, OR AS A CONSEC	RALI	ON PNE	UMONIA	BETWEEN	PAYS
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g physical certificate riol-transical hyginal hygitem 18 sh		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P.	RT OR PART 2)	
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3P	TII.	SPECIFY BURIAL	MAR.4,1986	ANSHE	EMUNAH	BALTIMORE	COUNT MAR	Y LAND TE

250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD. BALTO., MD 21215

DHMH - 16 60M 7/84 (VRA 15, 4)



		,	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 29:	5 3 3 3
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8 25	1	7. RI	Female RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 2 9 BALTIMORE CITY OR COUNTY O	T DE ATH
4 35 3	B	Page 5	COUNTRY	MARRIED NEVER MARRIED	
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1 19	H	E	Baltimore /	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (I'VE OF WORK FOR MOST OF WORKING LIFE) St. Agnes Hosp., 900 Caton Ave —Housewife	IPE KIND OF BUSINESS C INDUSTRY
411	85	13a. 1	TATE INLEOU	IN OTHER INSTITUTION GIVES DEFICE BEFORE ADMISSIVE LOGIC LIMITS? 13. STREET ADDRESS / ZIP CODE (14. THE PROPERTY ADMISSIVE LOGIC LIMITS)	
1 3	-	10 FA	THER'S NAME	15. MOTHER'S MAIDEN NAME	Fson Ave.
1 11/	14		Edward T. G	MIDDLE (AS1 FIRST MIDDLE	21228
\$ 5-/A	-	Mari A		onder Mae Ri	daeway
Die T	12	17	NO OR UNKNOWN) (IF YES GI	RMED FORCES? MIGHT SAFOR DELIN INFORMANT Catonsville DRESS Md. NE WAR OR DATES! LABORALES John L. Kline-6114 B-Edm	21228.
3 52	9	-	10	VEWARORDATES EABOBILES John L. Kline-6114 B-Edm	ondson Ave
5 568	E .		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE	inly one cause per line for (a), (b) and (c)	BETWEEN ONSET AND DEAT
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21 212	1	Ĕ		YES NO YES	NG CAUSES OF DEATH?
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the he best best best best best best best bes	1		276 SIGNATURE CLU	du Mendlez, M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN P	10 March
	1		224 PHYSICIAN'S NAME (TYPE		
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AC PRINCH OF BP.			URIAL, CREMATION, REMOVAL SPECIFY) Burial	236 NAME OF CEMETERY OR CREMATORY 234 LOCATION	rison, Md

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

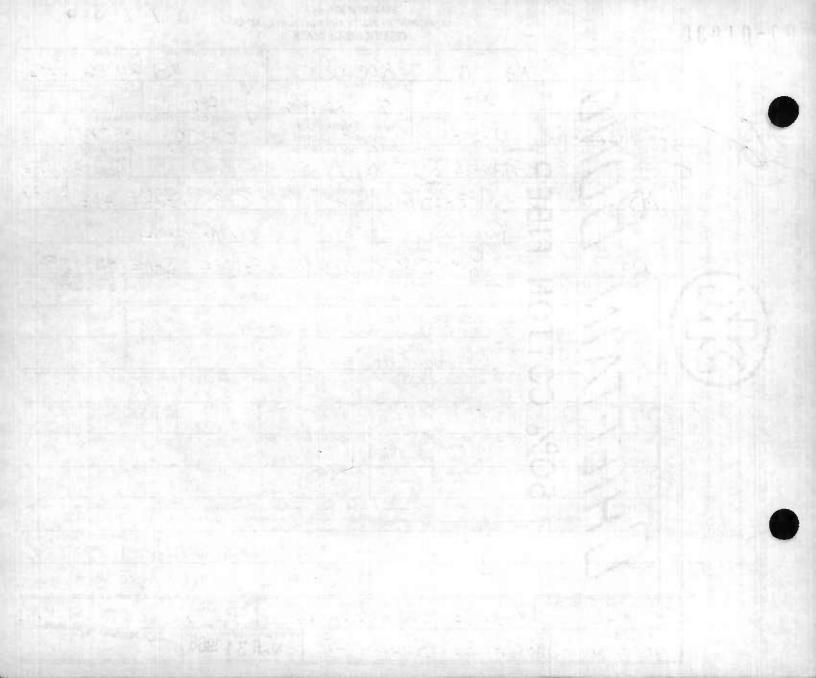
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1 1 35	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WH	4.	WIDOWE		B	nore city <u>or</u> altimor	e City		MD
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) la	Maryland Bal	timore (e residence before City or town Catonsvi	N	13d. INSIDE CITY LIMITS? YES NO 🔏	19	1 ADDRESS /	zip code ind Ro	ad	21228
11/30	1	James		Knapp		15. MOTHER'S MAIDEN N. Peggy	3.3	WIDDLE			Emrich
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entificate g physic an paper ement, th		PART I. DEATH WAS CAUSE IMMEDIA	D 84 0	Mater	2/8	treptococ	cus	Busi	inunis	Z. MITWIEN	3/06/86
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AG PHYS others of the bur the bur the doct	MEDIC	714 INJURY OCCURRED WHILE A HOUSE AT HOUSE	ZIE PLACE OF (AT HOME, STREET,	INJURY FACTORS CREEK S	ale: \$10.3	IN LOCATION		2/1	2/01	COUNTY	ylan
TTENDR prior or TOR As for orie of the orie 21 is ma		77a.1 certify that (I) (then are saw the deceased alive or above. (I) [www.idid] (did-	3//	3/86		d that in (my) (and appinion	to	erga on the dat	e and hour a	and from the	that (I)
At Of A to the house house begin to the Depth of the Best of the B		77% SIGNATURE	E7()	That	+/	ATTENDING PHYSICIAN	MEDIC	AL STAFF	AN []	ZZC DATE	3/13/80
O PUNES Could be the Sh		THE PHYSICIAN'S NAME WIFE	KEY U	VEM	Gra	22. ADDRESS 3	031	msy	ille	211	28 Mc
BP	23a	BURIAL, CREMATION, REMOVAL Burial	3/17/86			emetery or crematory e Park Cemet	ery	CATION CITY OR TOWN WOOdlar	un	COUNTY	Marylar
DHMH - 16 60M 7/84 (VRA 15, 4)	12 Le	hogy M. & Russe 30 Edmondson Av	el C. Witz	ke Eune	rafut.	omes P.A. 250 DA	TE REC D. B	Y REGISTRAR 2	Sh REGISTRA	R'S SIGNA	URE

DHMH - 16 60M 7/ (VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE O

	REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0.		
I. DEC	CEASED NAME FIRST	MIDDLE	LA	51		MONTH DA	Y YEAR	2h HOUR
(TYPE	Worden AK	INA K	Ko	cur.	Č	332	786	330 pm
1. SE)	F	RACE WHITE	S. DATE OF	BIRTH DAY VEAR VEAR	6. AGE (IN YEARS LAST BIR	YRS.	INTHS DAYS	IF UNDER 24 HRS
0%	ECHOS LOVAKIA	U.S.A.	WIDOWED	Never Married Divorced	BALTI	R COUNTY C	of DEATH	MD.
	BACTMORE 1	NAME OF HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPATION OF CONTROL OF WORK FOR MOST OF REAL PROPERTY.		HOUSE	BUSINESS OR EWIFE
13e. S	AL RESIDENCE (IF NURSING HOME OR OT	13c. CITY OR TOW	MORE	13d. INSIDE CITY LIMITS? YES NO 1	130 STREET ADDRESS	ZIP CODE EAST	AVE	21224
	U	N/NOWN LAST		IS MOTHER'S MAIDEN NA	UNINO	ww	LAST	
	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES GIVE W		5028	VILMA WIN	DFELDEL-	SAME	AS .	130
7	PART I. DEATH WAS CAUSED E IMMEDIATE (BY:	10-Nes	piratory	standstil	1	BETWEEN ON	ATE INTERVAL NSET AND DEATH
3	912 Canditians, if any, which	DUE TO, OR AS A CONSEQUE	ence of and	al Interre	ction.			
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF ration					
NO	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	N IN PART 11a	
TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES C	
CAL CERT	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	TY IN ITEM 18 PAR	T I OR PART 2)	
MEDICAL	?1d. INJURY OCCURRED WILE NOT WHILE AT WORK	? Te. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	220.1 certify that (1) (this haspital's saw the deceased alive an above, (1) (we) (did) (did nat) v	3/27 10	01	that in (my) (aur) apınian	, 10	ate and have o		nat (I) (we) last auses stated
	226 SIGNATURE LEGAL	- Pyles			MEDICAL STAI		3/a	- > /
	POPPE			F8KMC, 49	40 Easter	n Ave	Bal.	ti MD212
23a B	RIAL REMATION, REMOVAL	236 DATE 236 1 3-31-86 H	OLY K	METERY OR CREMATORY	23d LOCATION DY OR TOWN	•	count	1995-
24. FL	INERAL DIRECTOR	1-11 2 7456d1	11550	250 DA	TE REC'D. BY REGISTRAR	25h REGISTA	A STANSON OF THE PARTY OF THE P	il.



	1-	FOR STATE REGISTRAR		D	EPARTMENT OF	E OF MARYLA HEALTH AND A FICATE OF D	MENTAL HYG	REG. N	07	7 3 6
0 1 3 2 4	(TYPE	ORPRINT) JG	hn	MIDDLE A.		Collar		20 DATE OF DEATH	3 19	86 6 35
rector, p	3 SEX	Male		Caucasia,	nont 2	DF BIRTH DAY 23	1912	6 AGE (IN YEARS LAST BIR	YRS	INDER I YEAR IF UNDER
in 72 ho	P	RTHPLACE (STATE OR FOI COUNTRY) ennsylvan	ia	U.S.A.	MARRIE	transfer .	ORCED [Baltimore city o		
by the fu	B	elthore C	ity		marifan	11 -	ITUTION .	120. USUAL OCCUPATION OF CONTROL OF WORK FOR MOST CONTROL OF CONTR	F WORKING LIFE)	Bethlehen
filled in	13a S	Ma	K COUN	imore Dui	nce before admission; or town indalk	134. INSIDE CI	NO X		ZIP CODE	Ave 21:
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ne prior to buriol, creme ws any injury, or other tr	CERTIFICATION	gave rise to imme cause (a), stoting underlying cause PART 2 OTHER SIGNII Multiple 19a DATE OF OPERATE	ICANT CO	DUE TO, OR AS A CO	ING TO DEATH BU	in, a	cute n		ZOb. IF YES, W	IN PART To
them 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	P.M.	19			ED (ENTER NATURE OF INJU	lang.	
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MILLIANDE DEPT OF THE OFFICE OF THE OFFICE OF THE OFFICE OFFI		saw the deceased above. (h (we) (die 27b. SIGNATURE D. Mu. 22d PHYSICIAN'S NAM Diyaa A	tas	tassem	19, o	DEGREE A F 220 ADDRESS	TTENDING PHYSICIAN S	MEDICAL STAL DIRECTOR PHYSIC	FIAND	22c. DATE SIGNED
-		urial, cremation, re specify Buria	MOVAL	3/22/86	Oak La		etery			e, Md.
OM 7/84		ineral director on needly Fu	iner	al Home of	Dundal	k	250 DATE	REC'D. BY REGISTRAR	F 400 00	S SIGNATURE

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5	STATE OF M	ARYLAND	0
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIEND
CEI	RTIFICATE	OF DEATH	

00-021	26	1	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.					
00 021	1		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		26 HOUR
e e	6	(TYP	E OR PRINT)	IARY	ELAINE	KOSMICKI	MARCH 27	, 1986	9:45AI
9		3 SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 VE	
de d			FEMALE	WHITE	MÃ	31 1945 A	40	YRS	TOURS MIN.
Poor hou	الم وسنها	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT O	OUNTRY? 8	IED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		
eoth nero	0		PENNA.	U.S.A. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN			BALT	BALTIMORE CITY	
e fe d	Ped	10 C	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION			E. KIND OF BUSINESS OR
201 Jrs off	(a)		BALTIMORE	1133 EVANS WAY 21205			RECEPTIONIST MOTEL		
AND 21 n 24 hos filled in	36	130	MD.	UNTY 13c. CIT	Y OR TOWN	YES X NO	130 STREET ADDRESS	ZIP CODE ANS WAY	21205
RYL within	The second	14. F	ATHER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME	TI 014	Whatar T
MA led oppo	<(E)		GEORGE	-	IBERS	STELLA	E 502 - 500 - 5		SZEWSKI
BALTIMORE, cote be executive and system and spers. Poges	medical		WAS DECEASED EVER IN U.S. A YES NO OF UNKNOWN) (15 YES. 4)		3-42-364	PAUL KOSMI	CKI (HUSB	AND) SAME	ADDRESS
ALT ste b	- the o		18. CAUSE OF DEATH (Enter	only one cause per line	(a), (b), and (c))			APPI BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
T., E	veni		PART I. DEATH WAS CAU	ISED BY.	SSIBLE	Acute 1	INFOR	. 64	
N S oding	or re		(IVI)VIED		CONSEQUENCE OF		INFOR	CTION	
PRESTON ne death o	on,		Conditions, if ony, which	(b)	HUPE	FRIENSIVE	CORDIOVA	sculling Di	Teaper
he o	er tro		gove rise to immediate couse (0), stoting the	DUE TO, OR AS A C	ONSEQUENCE OF				
W hot	otho	CERTIFICATION	underlying cause last	(6)	CONSCOULACE OF				
201 res th	y, or		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to						
RDS equi	a lului								
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physicion. (fier this certificate has been sig	Driory Only		190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 200 IF YES, WERE FINDINGS USED		
he lo	ows /						YES NO	S NO YES NO NO	
VITA N: T ysici	Hygi 8 sh		210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PART	21
OF CIAN	lotr em]		OR CONTRIBUTING CAUSE OF I		ONTH DAY YEA				
HYSI Inding	or #	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJU	IRY	211 LOCATION	CITY OR TO	OWN COUNTY	STATE
DIVISI ING P Affer 14	ked	Z	MHILE NOT WHILE AT WORK	JAT HOME, STREET FACT	ORY, OFFICE FARM, ETC.)	SINEEL	CITTORIC	, , , , , , , , , , , , , , , , , , , ,	SIAIC
Se p D	mor		22a I certify that (I) (this has	spital) attended the decea	sed from	19_1'3	10 2-	W 1986.	_, that (I) (we) last
TEN TOR	2 h s		saw the deceased alive an 2-26 - 19 8 and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated						
R ATT hospir	e a	abave, (1) (we) (did) (did nat) view the bady after death. 27b. SIGNATURE DEGREE ATTENDING ATTENDING STAFF 27c. DATE SIGNED							
the the contraction of the contr	T.		Lims	1 Mings		MD ATTENDING	DIRECTOR STA	FF 3	-27-86
	AN AN	1	226 PHYSICIAN'S NAME TTYP	PE OR PRINT)		22e ADDRESS	DIRECTOR LI PHTSK	IAN	
HOSI pined FUN	with the Sto		DR. DO	NATO VARGA	S	4706 H	ARFORD RD		
of 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 2		BURIAL, CREMATION, REMOVA	AL 23h DATE	23c. NAME OF	CEMETERY OR CREMATORY	234 LOCATION		
BP	BP		BURIAL	3/29/86 HOLLY HI			BATTIMORE COUNTY MD TATE		
DHMH - 16 6	OM 7/84	24 F	UNESCHIMUNEK I	FUNERAL HO	ME. INC.	25a DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	ATURE OF
(VRA 15			3331 Brehms	Lane, Bal	to. Md.	21213 AT	RO11986	www.merceant-	2- A

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STATE OF MARYLAND

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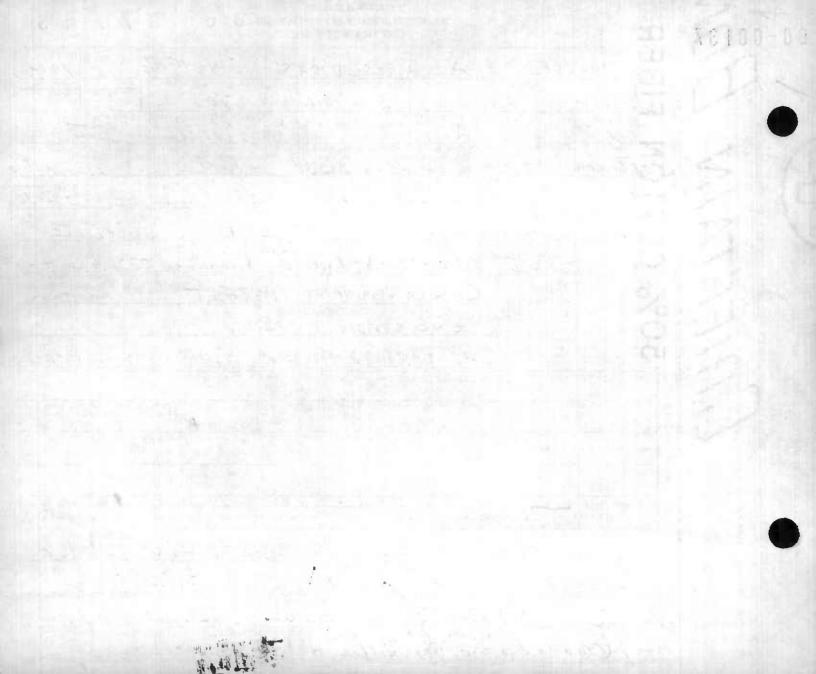
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) arch 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1 SEX MONTH June 20, 1897 **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COLINTRY Baltimore Citu U.S.A. Maruland WIDOWED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Francis Scott Key Medical Center Cab Driver SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 30 STATE 1936 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 4 Brigantine Court 21236 Baltimore Perru Hall NOXX Maruland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Katherine Edward H. Kreutzer Jouce ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 216-03-0284 Evelyn Reid same as 13E WW II ues APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (a) PART I. DEATH WAS CAUSED BY CCLULALA DUE TO, OR AS A CONSEQUENCE OF SCDS13 Conditions, if any, which gave rise ta immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 7 DUT 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [110 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE VIGITAN 220.1 certify that (1) (this hospital) attended the deceased from Nonh , and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did pat) view the bady after deat 17h SIGNATURE ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN 22e ADDRESS 774 PHYSICIAN'S NAME (TYPLOR PRINT 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) CITY OF TOWN Burial 3-13-86 Parkwood Baltimore, Maryland
250 DAIE RECD. BY REGISTRAR 356 REGISTRAR'S SIGNATURE
MAR 13 1986 Sunday Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Leonard J. Ruck, Inc. 5305 Harford Rd (VRA 15, 4)

Willem C. Kenter Mark 10 of 800 mle water 62 82 2 87 and E is the Time property and a second to The William X Market A market the test of Figure F. C. m. A Elmis S. T. King Aldred C. Am Sattle 19 DULL SINGE DEL COL VEST ZA LEVEL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH 2b HOUR TYPE CREEKING CHARLES ACIE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YRS TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH ATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OR TOWN OF DEATH 176 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE) anse) RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION IVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CUTY LIMITS? 13e STREET ADDRESS / ZIP CODE allemore 2320 rames 15. MOJHER'S MAIDEN NAME IA FATHER'S NAM IL WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. IJ INFORMANT OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF END STAGE (DP) Canditians, il any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF MED AT HOME - DIFONOSIS underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 201 F YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED N CERTIFYING CAUSES OF DEATH? NO YES | NO | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE man 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an March 2 19 6 , and that in [my) (aur) apinion death occurred an the date and havi and from the couses stated above, (1) (we) (did) (did not view the bady after death. 22k SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS IJ4 BURIAL, CREMATION, REMOVAL 236 DATE STATE 250 DATE REC'D. BY REGISTRAR DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND

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STATE OF MARYLAND

8	6 REG. N	40.	0	7	1		
OF E	DEATH	MONTH	DAY	YE	AR	26	۱

72177	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	7747
2 75		CEASED NAME FIRST OR PRINT) LRUSZYNSKT	Michael MODIE Davi		20. DATE OF DEATH MONTH	7 86 5:35A
Personal Property of the Control of	1 36	INE	White	5 DATE OF BIRTH MONTH DAY YEAR 3 6 86	6 AGE (IN YEARS LAST BIRTHDAY) AUGUST CONTROL OF THE CONTROL OF T	IF UNDER LYEAR IF UNDER 24 HRS
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED W WIDOWED DIVORCED	1/1/01	LAY ME
113/	2	BACTO /	(IF NOT IN SUCH FACILITY, GIVE STREET	+ KOY MP OR	120 USUAL OCCUPATION (TYPE OF TORK FOR MOST OF WORKING L	IPE) 126 KIND OF BUSINESS OR INDUSTRY
135	130/	aryland Ba	In THUTION GIVE RESIDENCE BEFOR 136. CITY OR TOW	YES NO X		Venue 2/224
ompletes	2	JAMES SAME	"FRUS ZYNSKY	15. MOTHER'S MAIDEN NA	MIDDLE EY	ster LAST
2		VAS DECE ASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SECU BIVE WAR OR DATES) None	James Kruszy	enski 533 Southe	ern Ave. 21224
physics on peper moval.		PART 1. DEATH WAS CAUS	anly one cause per line far (a), (b), an SED BY. ATE CAUSE (a) CATORIO	ROSPIRATORY	FRILIPE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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hos been to be the second to be the seco	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\begin{array}{c} \text{NO} \emptyset \emptyset \text{NO} \emptyset \emptyset \text{NO} \emptys
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4 4 4 4 A	MEDICAL	21d INJURY OCCURRED E NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, I	211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
CTOR A He viet of Health		saw the deceased alive of	pital) attended the deceased fram_ an19 nat) view the bady after death.	, and that in (my) (aur) apinian	death accurred an the date and ha	, 19, that (I) (we) last ur and fram the causes stated
Dr. fr. fr. fr. fr. fr. fr. fr. fr. fr. f		226 SIGNATURE Plandely 226 PHYSICIAN'S NAME (179)	Rosaw JAne,	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSE TO HOSE TO FUN TO FUN		MARIA RO	SARW P. ANGE	FRANCES	SCOTT KOY	MOD COR
ВР		SURIAL, CREMATION, REMOVA SPECIFY Burial	3-12-86 23c.	Dak Laun Cemetery	Eastwood, Bala	
OHMH - 16 60M 7/84 (VRA 15, 4)		ineral director harles S. Zeile	r & Son Inc. 6224		TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE INC.

3 out no 124 - 1 Y 1 La 1 T. A . C . C one was the state of the state Toring -/2- is the ten tenter of the control of the german a sider har Inc. 6224 modern you 21 -1 - 1. Kunn 4259 Recker Ave.

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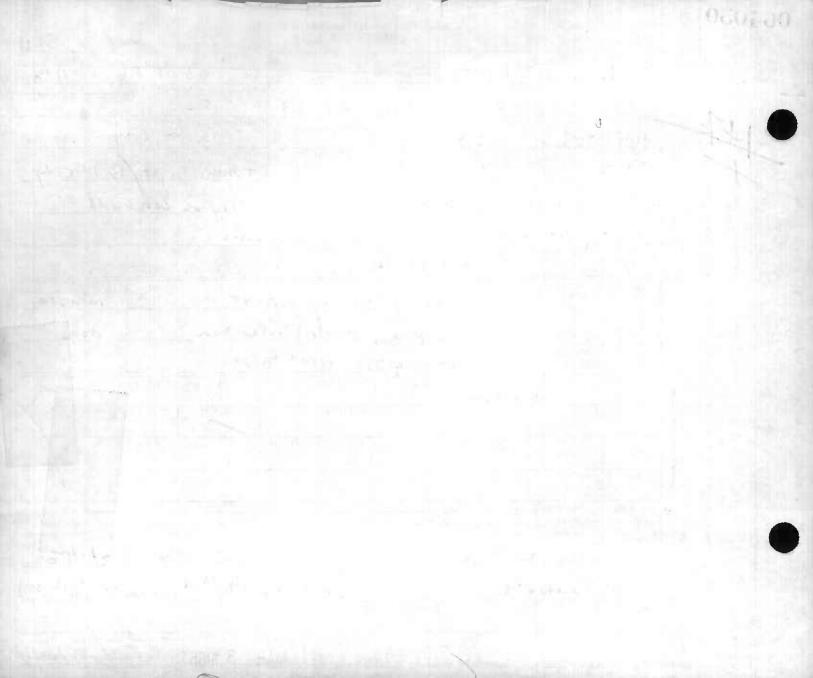
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064050	1.	FOR	NEP		E OF MARYLAND		ME A					
	1.	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH					REG. NO 0 7 / 5				
		CEASED MAME 1991	MIDDLE	1	ASI	2	20 DATE OF DEATH MONTH DAY YEAR 26 HOL					
4 51	1779	GEORGE	MARTIN	KU	RTZ, SR.		03	01 5	6	11000		
- 6 6 6	1. 5E	X	4 RACE	5. DATE C	OF BIRTH	6.	AGE (IN YEARS LAST BIR		F UNDER I YEA			
and other .		M	C	MONTH	29	333	52	YRS.	ONTHS DAY	HOURS MIN.		
11112	72.4	Personalities	Th CITIZEN OF WHAT COUN	TRY? 8	NEVER MAR	PIED 7	BALTIMORE CITY O	R COUNTY C				
- +		MARYLAND	USA	WIDOWE	•		Ba	to, (1	44	MD.		
11/11/10	10.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME C	R OTHER INSTITU		TYPE OF WORK FOR MOST O			OF BUSINESS OR		
1 100		BALN	University of	of Maryl	and Hosp	ital	Traffic 1)int	1301	tocity		
1 1 2/	134.3	AL RESIDENCE (IF NURSING NOME OR COUN	OTHER INSTITUTION GIVE RESIDENCE TY 130 CITY OR	BEFORE ADMISSION)	13d INSIDE CITY I	LIMITS? 13	Se STREET ADDRESS	ZIP, CODE		17,723		
	-	MI) - W	13/	12/10			111/10	Lon	441	(2120		
1 10000	14/52	THER'S NAME	AIDDLE LAST		15. MOTHER'S MA		MIDDLE		ı	AST		
1 1542		Clarence	Kur		Anr	na	1-4		H	ines		
7 P. D.			WAR OR DATES)	SECURITY NO.	17 INFORMANT		ADDRE			The South		
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to page		18 CAUSE OF DEATH (Enter only one couse per line far to), (b), and ic) PART I. DEATH WAS CAUSED BY:								NONSET AND DEATH		
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1 242 1	S S		loholism									
9 4 4 1	CERTIFICATION	194 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	206. IF YES,	WERE FIND	INGS USED		
10 0 to 1	E E						YES NO	YES		NO		
32 11 E G	157	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJUR	Y OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)			
SC d d d d	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19								
A day of the state	VED VED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE FARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE		
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op.	230 B	URIAL, CREMATION, REMOVAL			EMETERY OR CREA		23d LOCATION		COUNTY	STATE		
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(VKA 15, 4)	H	ubbard Funeral H	ione, inc., 41	U/ WIIK	ens Ave.	MAR	3 1986	June 10	m14901/	-Madage		

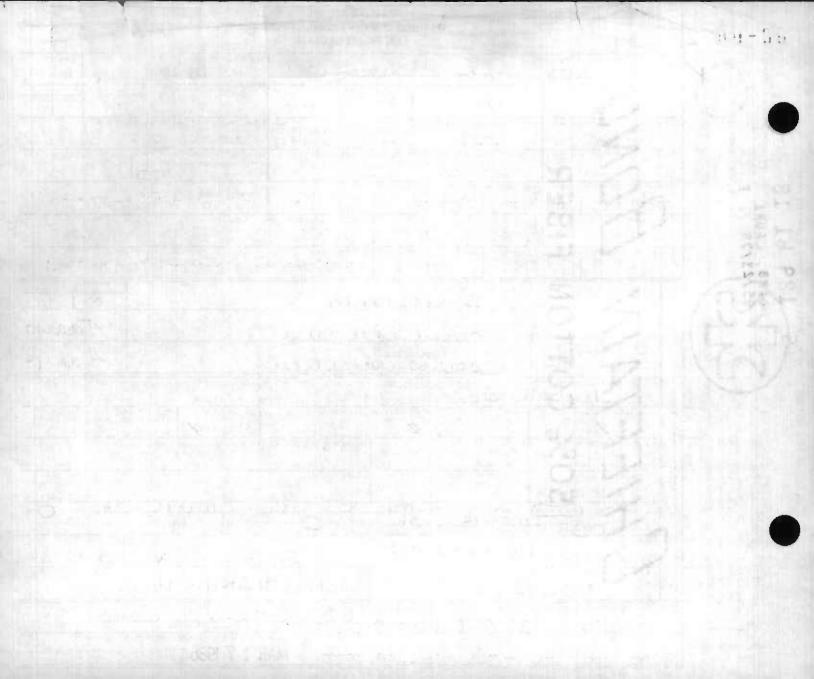
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



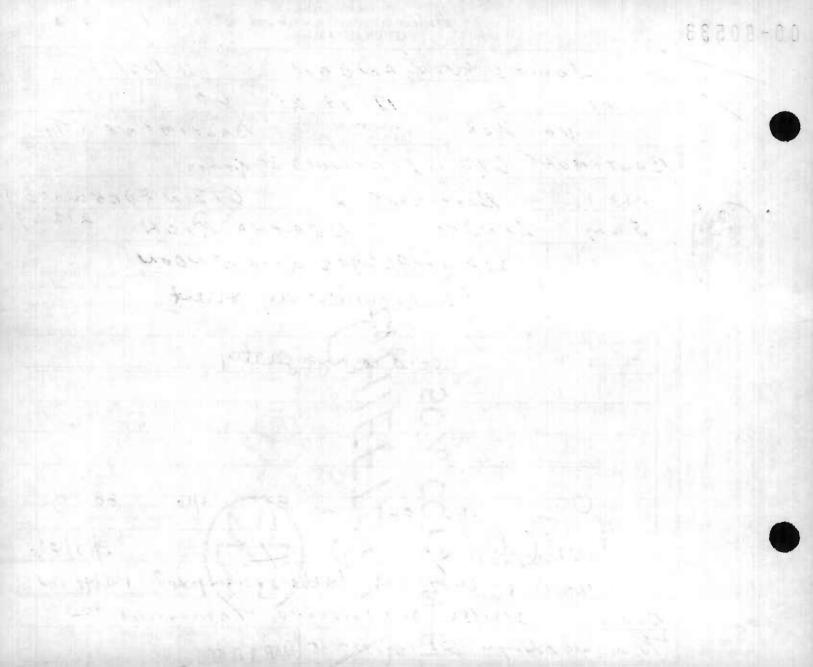
STATE OF MARYLAND

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n n -	01809	1.	FOR STATE REGISTRAR		DEPARTN	NENT OF HE	ALTH AND A	MENTAL HYG	PIENES 6 0 7	7 7	5 3
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	6 60	1.58		4 RACE	HELLE	5. DATE OF	BIRTH	5 110.00		IF UNDER 1 YEAR	IF UNDER 24 HRS
	1 15		FEMALE	1	WHITE	MONTH	DAY	YEAR	T O	ONINS! DAYS	HOURS MIN.
	de ding	Y B	RTHPLACE I STATE OR FOREIGN	75 CITIZEN O	WHITE F WHAT COUNTRY?	5	4	12	9. BALTIMORE CITY OR COUNTY	OFDEATH	
	1 12 8 5		COUNTRY)				NEVER N				
	100		aryland		S.A. HOSPITAL, NURSIN	WIDOWED		ORCED	BALTIMORE CIT		MD. OF BUSINESS OR
- ×	12	1	ALTIMORE	(IF NOT IN SI	IS HOPKIN	ADDRESS)			(TYPE OF WORK FOR MOST OF WORKING LIFE) Sales Clerk		Retail Sales
212	28 470	U5U	AL RESIDENCE (IF NUR. 110 11 11)	OR OTHER INSTITUTIO	N GIVE RESIDENCE BEFORE		13d INSIDE CI	TV LIALITCO	13e STREET ADDRESS / ZIP CODE		
2 . :	ま、門プク			oward	Columbi		YES T	NO X	6414 Allview Dri	ve 21	.046
# :	11 /100		ATHER'S NAME					MAIDEN NA	ME		
A I	5 1/6/	1	Charles	MIDDLE	Klemn			first leta	WIDDLE	O I	Grady
HO.	1 / COPY	16a. \	VAS DECEASED EVER IN U.S.	ARMED FORCES?			17 INFORMAL		ADDRESS		orady
0	52		YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	212-16-9	288	Herber	ct E. I	Lachman 6414 Allvi	lew Dr.	21046
ALT.	TO REAL		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause p	er line far (a), (b), and	dice		- 101-016			IMATE INTERVAL ONSET AND DEATH
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57	100		1777125		OR AS A CONSEQUE		1				
ST.			Canditians, if any, which	((b)	Pulmona		nbolen			2	haurs
7 N	211		gave rise to immediate cause (a), stating the	DUE TO	OR AS A CONSEQUE				10.11.11.11.11.11.11		
€"	2 4 5 5		underlying cause last	(6)	S/P CAB.	bedre	A.			161	DAYS
20	建 基金点		PART 2 OTHER SIGNIFICAN	IT CONDITIONS	CONTRIBUTING TO E	EATH BUT N			NINAL DISEASE OR CONDITION GIVE	N IN PART 1	o .
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0	1 316 177	18	190 DATE OF OPERATION		DITION FOR WHICH		WAS PERFO			WERE FINDA	
T N	25 201 1	CERTIFICATION	03.08.86	Coro	vary artery	dis	ene		YES NO YES		NO
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40	34 444 7	4	OR CONTRIBUTING CAUSE OF	DEATH	a.m. month da p.m.	19					
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	Part of the second		sow the deceased alive abave, (1) (we) (did) (did	on 03 2	5 19 1	P6, and	that in (my)	(aur) apınian	death accurred an the date and hour	and from the	causes stated
	Per		22b. SIGNATURE	A - A	ly differ death	D	EGREE			22c DATE	
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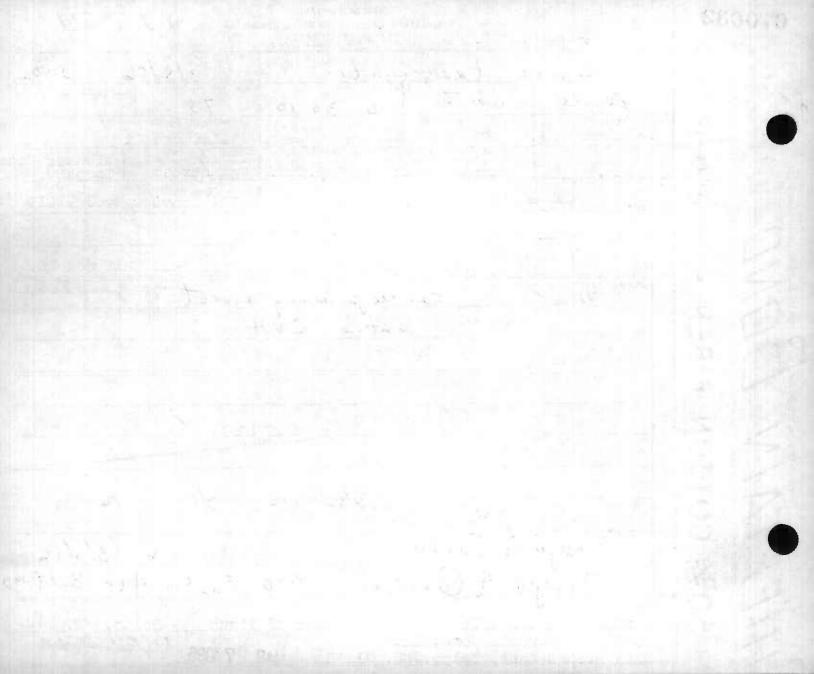


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	de cu	10.0		11 NAME OF HOSPITAL BRIDGE	Terrori		USUAL OCCUPATION	ON 1121	VIND OF	BUSINESS OR
	wit e	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		13 4	TYPE OF WORK FOR MOST OF		DUSTRY	BUSINESS OK
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OK.	ws of e	E					YES T NOT	YES 🗆		NO 🗆
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	(10, 10, 4)	_/					TO NAP	- Miles Miles		rd. to



070100	1.	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	N 6	07756
poge 3		CEASED NAME FIRST		ARRY,	O3 04) AGE (IN YEARS LAST BIRT)	MONTH 986 YEAR 26 HOUR 7.45 PM
oge 4 m		Male	black	MONTH DAY YEARS	81	MONTHS DATS HOURS MIN.
death. P		COUNTRY) Md		WIDOWED S DIVORCED		ore City Mo
urs offer n by the filed wit	F	Baltimore AL RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET AD NO NTH Chour	tes General tal	20 USUAL OCCUPATION OF RETURN OF	WORKING LIFE) INDUSTRY. J. Norm
iy filled is should be	130	STATE 13b. COUN'		13d INSIDE CITY LIMITS? 1		ZIP CODE Hing St
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be exection and crs. Pages		YES NO OR UNKNOWN) (1F YES, GIVE	WAR OR DATES) 219-07-17	732 Catherine E.		32. W. North Ave
ertificate 19 physic 20 ponpape removal c event, tl		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line far (a), (b), and (b) BY: E CAUSE (a) PNU	EUMONIA		BETWEEN ONSET AND DEATH
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The faw icion. te has been sit permit. Sit permit.	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH O		YES NO	286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
rSiCian ing phys certifico urial-tror Aental Hy	MEDICAL C	OR CONTRIBUTING CAUSE OF GEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	19) (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2}
ING PHY re afferd Affer this as the b lith and A	MEC	WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FAR	M. ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
ATTEND aspital of eCTOR is of Hear use m 21 is m		220.1 certify that (1) (this haspite saw the deceased alive an_ abave, (1) (we) (did) (did not) 22b. SIGNATURE	03/04/ 106/		ath occurred an the da	te and haur and fram the causes stated
by the h by the h JERAL DIR Stote Dep	M	22d. PHYSICIAN'S NAME (TYPE OR	Siglia	PHYSICIAN [MEDICAL STAF	AN D
etoined I		ANJAR	List	220 ADDRESS PORT		21218
BP		BULLAL CREMATION, REMOVAL	3/8/86 Ne		Baltim	
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02:0032					STAT	E OF MARYLAND	0 / 60	7 7 5	9
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		CEASED NAME FIRST	idia Em	MIDDLE SUTTIME	STS I	aszczynski	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
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Po P	70 B	IRTHPL E (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 (9 BALTIMORE CITY OR COU	NTY OF DEATH	
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\$ 24 B	10.0	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12ª USUAL OCCUPATION		OF RUSINESS OR
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tely 2 sk	14. F	ATHER'S NAME				15 MOTHER'S MAIDEN NA			
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E. A	160	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	IPITY NO	17 INFORMANT	ADDRESS		
oge edic		YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES					Title 2 Annual	- 3 D 3
S. P. o		No		217-01-	36/8	Dorothy S	Stemmer,5450		
BAL tote ysici oper wal.		18 CAUSE OF DEATH (Enter	anly ane cause pe	r line for (a), (b) an	dica	0	-21200	APPRO) BETWEEN	XIMATE INTERVAL
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S, 2		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	(a)
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hos per ene	Ĕ						YES TO NOT	YES T	S OF DEATH?
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RECT. SECT.	mi	obove (I) (we) (did) (did is 175. SIGNATURE	ot view the body	after death.		DEGREE			SIGNED
OR Dep		mary	111	angel		ATTENDING	MEDICAL STAFF	2	Signed
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5 f 5 f ₹ ₹ ₹	23a	BURIAL, CREMATION, REMOVA	236. DATE	23c h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
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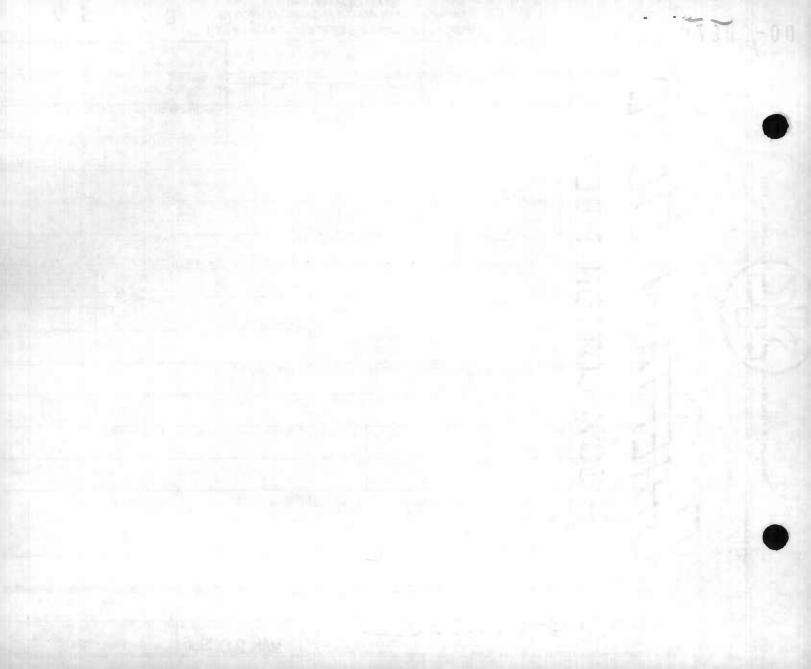


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nay be page 3		Homer	H. 1	LaVoie		3-9-86	125 AM
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Timore on and c		AS DECEASED EVER IN U.S., AR. S. NO OR LINKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIA	37,5794 Robert	BARRAN	60 501 R	OXIMATE INTERVAL EN ONSET AND DEATH
RDS, 201 W. PRESTON ST., BA equires that the death certificate is signed by the attending physic Then please remove carban pap to burial, cremation, ar removo injury, ar other traumatic event, it	NO	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF	TERMINAL DISEASE OR CO	NDITION GIVEN IN PART	tio
ECO mit.	CERTIFICATION	% DATE OF OPERATION	INE CONDITION FOR V	WHICH OPERATION WAS PERFORMED	20s AUTOPSY7	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH?
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TENDI fol or OR: A or use f Heal		22s I certify that (I) (this hospi saw the decreased place on above, (I) (we (did)) (did-ho	to be the body after death		nion death occurred on the	date and hour and from t	he causes stated
oche h		22k SIGNATURE	ryn	DEGREE ATTENDIN PHYSICIA		AFF ICIAN 221. DA	9186
O MOSPITAL Infamed by th TO FUNERAL Inhold be deto with the State MADRIANT H		22d PHYSICIAN'S NAME (TYPE OF	SE TAM	22e ADDRESS 3350	Wilken	n Dre	- Bul
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DHMH - 16 50M 4/82 (VRA 15, 4)	B	ARRANCO	FH. ZOIR	DE PK, MD, AR	DATE REC'D. BY REGISTRA	R 25b. REGISTRAR'S SIGN	ATURE

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۵	THIS C WARD WARD PAGE STATE (21201		AT WORK	AT WORK	base	ement		14	N. Kr	resson		_			ryla	-
	WE SEWING		22a I certify	that I took charge	e of the remains desc	ribed obov	re, held on	Autops	у 🔲.	Inspection	X Ingi	uiry .	ond in my	opinion		
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20	DHMH - 17	100	NASingle	111	ral Home	(2)				O. DATE REC'			REGISTRAR'S	SIGNATU	IRE	2
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1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0		
1	1 DECEASED NAME	FIRST	MIDDLE	(AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
	(TITE ORPRINT)	JESSIE	MAE		LAWRENCE		3/2	4/86	10 PM
1	3 SEX	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
	F	1	N	MONTH.	27-1919	66	YRS	DATS DATS	HOURS MIN.
1	To BIRTHPLACE (STATE OR F	OREIGN 76 CITIZEN	OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	NORTH CARO		J. S. A.	WIDOWE	DIVORCED	BALTIMORE			MD.
d	10 CITY OR TOWN OF DEA		OF HOSPITAL, NURSII N SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR
	BALTIMORE		N MEMORIAL		TAL	HOMEMA	KER	Ho	ME
5	USUAL RESIDENCE (IF NURS	13b COUNTY	136. CITY OR TOV	VN	YES NO			HALL	RD. 21218
2	FATHER'S NAME	MIDDLE	W. Nixe	N	15 MOTHER'S MAIDEN NAM	WIDDLE	Boyo	LAST	
0000	160 WAS DECEASED EVER	IN U.S. ARMED FORCE			Mrs. Habel V.	Novis - 311		uyon a	21213 we.
1		H Enter only one couse	per line for (a), (b), or	nd (C)				BETWEEN	MATE INTERVAL ONSET AND DEATH
ľ	PART I DEATH W	AS CAUSED BY	CAN dies	pulmo	NAM Anne	ST		4	omid
	Conditions, if any,		O. OR AS A CONSEOU		Failone			Un	KNOWN
	gave rise to imm cause (a), statin underlying cause	mediate	D, OR AS A CONSEQU	/	mucous pla	, vss,~,		pen 1-2	hours
	PART 2 OTHER SIGN	NIFICANT CONDITION	S CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR CON	DITION GIVE	N IN PART 110	,
_	o Prio	n Canab	novascul.	in ,	Acutait				
1	190 DATE OF OPERAL	TION 196 CC	NOTION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
1	21a ACCIDENT WAS UND	LIOU	AE OF INJURY	AV VEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
1	OR CONTRIBUTING (CAUSE OF DEATH	P.M.	19					
	OR CONTRIBUTING CO	AT HOM	ACE OF INJURY SE, STREET FACTORY OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a I certify that (1)	(this hospital) attende	92 19		nd that in (my) (our) apinian	to 3/4	1 ate and haur		that (1) (we) last
	22b SIGNATURE	1) ST	day oner deam.		DEGREE ATTENDING	MEDICAL STA		22c. DATE	SIGNED 2
1	22d PHYSICIAN'S N	AME TYPE OR PPINT	1	my	PHYSICIAN [DIRECTOR PHYSIC	MINI		100
	Ludwig	J. Esls	adaRIII n	10	UNION	memoria	0/1/	011.791	
	230 BURIAL, CREMATION, (SPECIFY) BURIA		7-86 B		EMETERY OR CREMATORY	23d LOCATION BY OR TOWN	W.	Liberry	Stale
	SURIA	し コーム	-1-00 0	ALTIN	IDRE CEM.	DALTO	3/1/E	10	

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

7527

(VRA 15, 4)

ATTENDING PHYSICIAN: The law

TO HOSPITAL OR

BP.

retained by the haspital ar attending physician.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH DECEASED NAME (TYPE OR PRINT) FILOMENA MARCH 2 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5 DATE OF BIRTH YEAR MONTH DAY 1929 56 Female Asian To BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimore City Philippines WIDOWED a CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a. USUAL OCCUPATION 12b KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Pharmacist Medical Church Hospital Baltimore 13e STREET ADDRESS / ZIP CODE 1823 Kinship Rd. 21222 Laltimore Dundalk Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Agustina del Rosario Natalio G. Lazaro 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS Dr. Benigno R. Lazaro 59 Dundalk Ave. 21222 219-52-6712 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: METASTATIC OVARIAN CANCER IMMEDIATE CAUSE (a)____ DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION FUNGAL SEPSIS RENAL FAILURE 198 DATE OF OPERATION 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 2/26/86 DOSURE OF DEHISCENCE IN CERTIFYING CAUSES OF DEATH? 2/6/86 210. ACCIDENT WAS UNDERLYING INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from TANIIADY 20 86 and that in (my (our) pinion death occurred on the date and hour and from the causes stated

27d. PAYSICIAN'S NAME LITTE OF PRINTS

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

CHURCH HOSPITAL CORPORATION

PAUL GORMLEY M D

230 BURIAL, CREMATION, REMOVAL

DEGREE

BROADWAY BALTIMORE, MD. 21231 23c NAME OF CEMETERY OR CREMATORY

CITY OF TOWN

Rizal Neueba

DHMH - 16 60M 7/B4 (VRA 15, 4)

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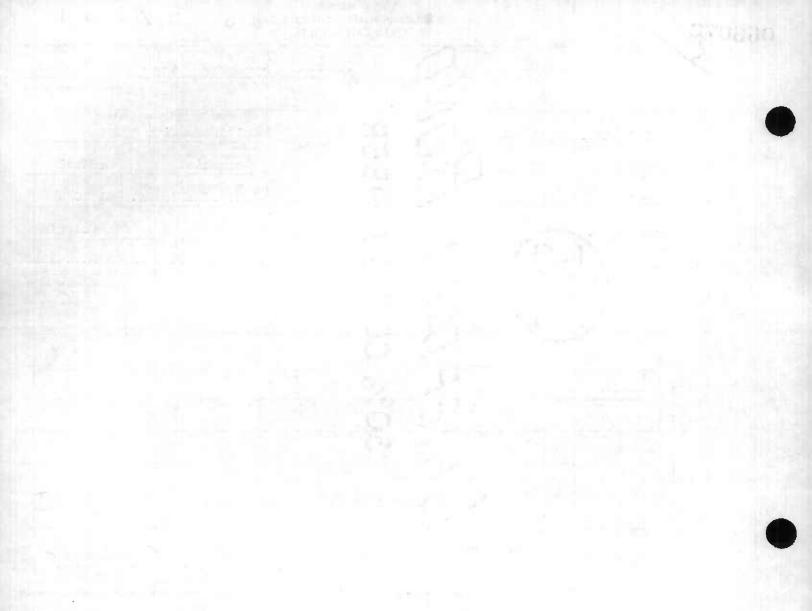
3/12/86 Burial 4 FUNERAL DIRECTOR

Duda-Ruck, Inc. 7922 Wise Ave. Baltimore, Maryland

23b. DATE

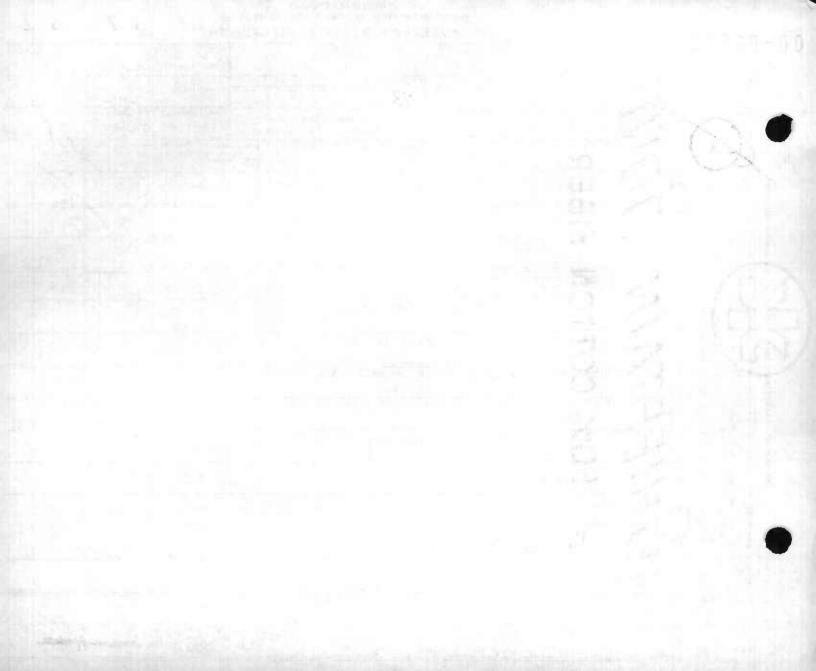
Rizal Neueba-Eciia

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE



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UU-	-02019		CEASED NAM	E FIRST		WIDDLE		LAST	2a. DATE	KNOWN F		Y YEAR	2b. HOUR
	# % S. S. F.	(145	E OR PRINT)	Îlor	man		•	o amon	OF	ESTI- MATED	L	19	1
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	O STATE OF S			Govener		Leamon		Allie				mall	
	FOR ON	16a. V	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. A	VE WAR OR DATES)	16b. SOCIAL SECURIT		17. INFORMANT		3019s	Sequia	Avenu	ne
	URS AFTER DEA URS AFTER DEA B. GIVE PAGES WITH FORM P F. PAGES I AN DIVISION OF		No.			262-28-38	80	Ralph A. S	mall, Sr	. Balti	more, 1	Md 212	215
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i		E	AT WORK	NOT WHILE	STREET, FACTO	DRY, FARM, ETC.)		TREET	CITY OR T	NWC	COUNTY		STATE
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PORGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	27. 0	(TYPE OR PRI	TION, REMOVAL	Margaria A			ADDRESS111		er_			
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STATE OF MARYLAND



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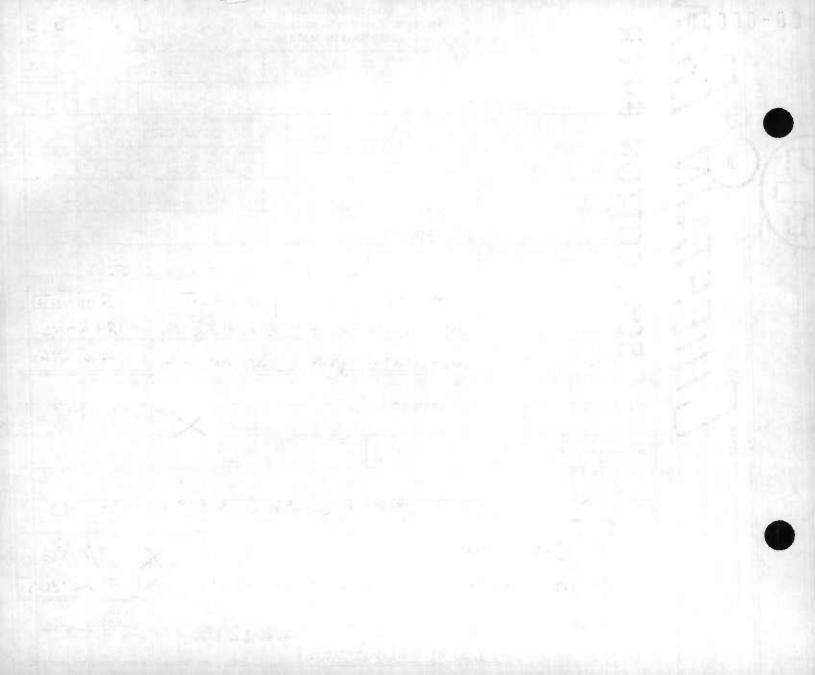
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ġ.	10 CIT	Maryland TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME	DR OTHER INSTITUTION	12a USUAL	Baltimore OCCUPATION		D OF BUSINESS OF
(C)	2	Baltimore	(IF NOT IN SUCH EACHLITY, GIVE ST 3501 St. Paul		Apt 643		rked Rost de work red Secre	ING LIFE) INDUST	0 01 00011 .200 01
d Se b	13a S			EFORE ADMISSION) OWN MOTE	13d. INSIDE CITY LIMITS?		ADDRESS / ZIP (St. Paul	CODE 2 Street	21218 Apt. 643
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ŧ		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b)	ond ic			,	APPE BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
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ced or the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOT WHILE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM ETC)	ZII LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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121		sow the despased alive on above, (((we) (did (did no	View the body ofter death.	9,800.01	nd that in (my) (our) opinion (death occurre	ed on the date on	d hour and from t	the couses stated
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O V		Alicia Cool			Union Memo			Baltimo	re.MD.
		URIAL, CREMATION, REMOVAL PECIFE UTIAL			emetery or crematory park Cemetery	23d LOC Ba	etimore	COUNTY	MD STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

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d	1	Charles		S. LUNG	Lee	2		Ann	abelle	2				Le	e	
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5	1	gave rise t	o immediate	(b)												
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	Z															
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-	7	SIGNATURE	1	1	1		M	D. ASS	istant	MEDICA	LEXAMINI	ER	SIGNED	3/22	/86	
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oge 3 deoth		ORPRINT)			LEHI		MARCH 11			12:50 ^A M
OE 00 -	3. SE	Х	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNI	DERIVEAR	IF UNDER 24 HRS
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ng p bon		IMMEDIA	re CAUSE (o)			30110101	001-41		am	~~~
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2019 OF THE CONTROL OF CONTROL O		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O	RAS A CONSEQUI	ENCE OF	1	arcinion			cnths
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AL REC	CERTIFICATION	DATE OF OFERALION	178. 60.40	THO TO K WITHOUT	OTEKANO	· · · AO TENI ONMED	YES NO	IN CERTIFYING	CAUSES	OF DEATH?
FVIII.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 1	OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 C	OR PART 2)	
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DHMH - 16 0M 7/84		UNERAL DIRECTOR		ADDRESS			RECOVERED RAR	756. REGISTRAR'S	SIGNATU	JRE
(VRA 15, 4)		Hubbard Funeral	Home,	Inc. 4107	Wilk	eńs Ave.				



(VRA 15, 4)

O.S. - 7 86 11 10 2 B Anna E

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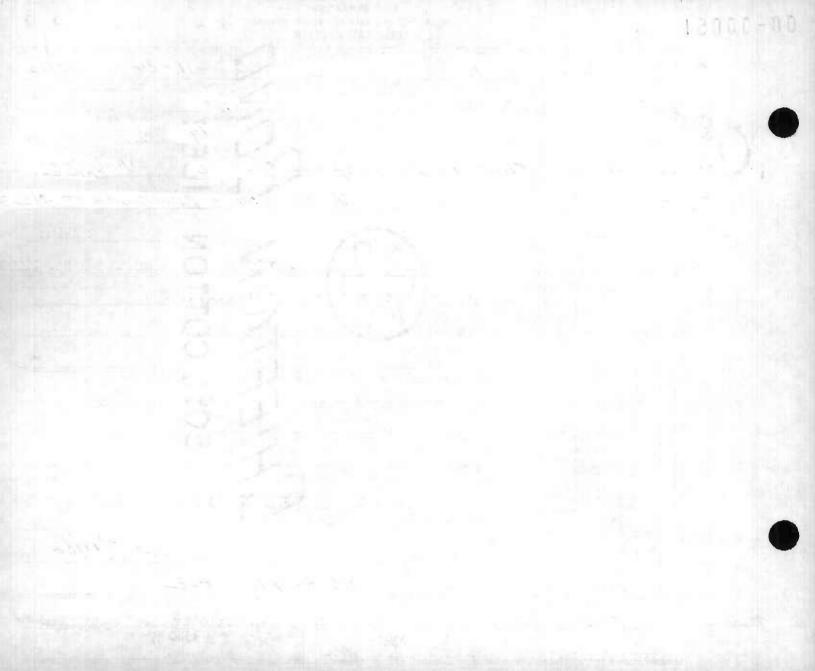
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NG offer of the offer of the offer or the offer or the offer or the offer of the of	~	AT WORK NOT WHILE							
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STATE OF MARYLAND



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nay be page 3		GEORGE	August	LEMBACH, JR	. 3.	- 23-86 530 AM
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ctor s off	1	MALE	CAUCASIAN	9 - 5 - 1915	70	MONTHS DATS HOURS MIN.
Bo Pool	70.1	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	9 BALTIMORE CITY OR CO	VRS. DUNTY OF DEATH
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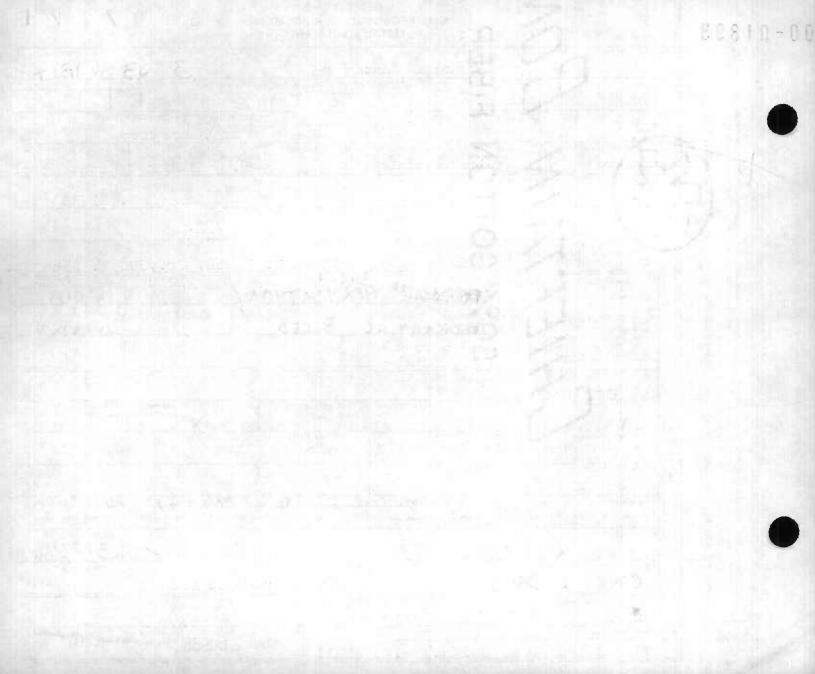
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OR ATTENDI	State Dept. of Health		sow the de obave, (1) (771 SIGNATUR	14/1	March t) view the body		9 <u>88</u> , or	DEGREE	ATTENDING PHYSICIAN	, to	he date and h		SIGNED
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	100		AR D. S. 4/88 B)	STATE OF MARYLAND	43	400 11 100 4				
11312	513	FOR STATE REGISTRAR	., pay stundepart	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	1114				
	1. DE	CEASED NAME FIRST	WIDDEE	LAST		DAY YEAR 26 HOUR				
noy be poge 3 r deoth	(TYPE	OR PRINT) SHIRI	EY E. LEWIS		March 21, 1986 /29					
mo, po	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
rector, urs ofte		emale	Black	6/20/19 3 9	47 YRS.	MIN. PAYS HOURS MIN.				
Tool of Table		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH				
deo deo		mporia, Va.	U.S.A.	WIDOWED DIVORCED						
The f	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY				
The second		Baltimore	5714 Key Ave.	Baltimore, Md 212	15 Mgr. Abundant	Ilife Towers				
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ain a	14 FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WIDDLE	LAST				
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E				4158 Anderson Lew	is.5714 Kev Ave.	Baltimore, Md				
£ .		18 CAUSE OF DEATH (Enter				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ven	1	PART I. DEATH WENT CAUSE BY IMMEDIATE CAUSE (a) Respuratory Curest								
ofic e		8580 IMMEDIATE CAUSE (6)								
mn c		Conditions, if ony, which (b) Hepatorenal Syndrome (Presumed)								
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ath	16	underlying couse lost.	Metas	tatic Bleas	+ Cancer					
٧. ٥		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			EN IN PART 1(o				
2 1	ON	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 POSSIBLE HERATIC DOVICITY 2° R. Jamos 1 Blue								
ony ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED				
ow C	TIE					YING CAUSES OF DEATH?				
18 sh	GE	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)				
Hem 1	A.	OR CONTRIBUTING CAUSE OF D		19						
6	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		COUNTY STATE				
N ked	×	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) SINEET	CITY OR TOWN	COUNTY STATE				
OE T			pital) attended the deceased from_	2/ 19.85	to 3/21	19 86 that (1) we) lost				
200		sow the deceased alive of	3/2/ 19	86 , and that ir (my) (our) opinion	death accurred on the date and hou					
499		22b. SIGNATURE	not) view the body after death.	DEGREE		22c. DATE SIGNED				
=		Carlad	L Celexand	en MD ATTENDING PHYSICIAN [MEDICAL STAFF	3/24/86				
Z	P	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN	13/2/104				
MEORTANI		CARLAS	. ALEX ANDE	R, MOUNIV. OF	MD CANCER	CTR, Baes				
with the		URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY				
			3/27/86		Baltimore,	Maryland STATE				
4/82	24. FL	Rurial INERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR 256. REGISTI	La -				
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Ropinstory arrest HEATERSAN Syndromes (Meaument) newster Broad Cancers. Charible. He partie Devicity I Re 2 movif have 3/21 86 2/0 85 Carle D. Chedander MD X 3/24/86 CHRLAS ALEXANDER, HOUSE CEMO CANCER CIR, BEEL with the state of the state of

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

THE PERSON NAMED IN COLUMN TWO

BALTIMORE, MARYLAND 21201	icate be executed within 24 haurs after death. Page 4 may be	physician in the male in the lifed in by the funeral director, page 3 nappers. Page 1 and be filed within 72 hours after death maval.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician indicerpitation tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Principation of hould be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

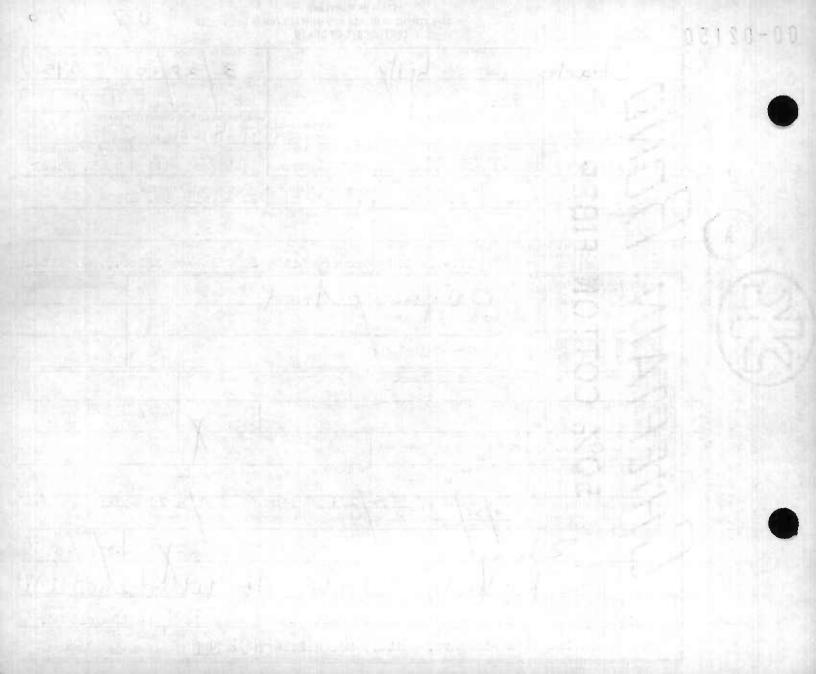
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DHMH - 16 60M 7/B (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

501	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6	0 / / / 0
	ECEASED NAME FORST PE ON PRINT) Harles EX Ale	Joseph L. RACE White	S. DAJE OF BIRTH	3 28	ONITY DAY YEAR 26 HOUR S MONTHS DAYS HOURS MIN.
2	Pennsylvania	LITIZEN OF WHAT COUNTRY? USA II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Francis Scott Ke	ADDRESS)	120. USUAL OCCUPATION	COUNTY OF DEATH MD. N N NORKING LIFE INDUSTRY
13a	JAL RESIDENCE (IF NURSING MAKE OR OF STATE Maryland Baltim	TY 13c CITY OR TOWN	YES NO M	532 Bayside	ZIP CODE Dr. 21222
130	Charles	E. Lilly	IS. MOTHER'S MAIDER Anna	M.	Haslbauer
	WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE V	MED FORCES? 166 SOCIAL SECUR WAR OR DATES) 172-03-9		ADDRESS 11y 59 Wise Ave	Balto., Md. 21222
CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	ENCE OF	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
T I I	71g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21. HOW INTURY OF	YES NO	NO N
1 11	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	LIGUE A M. MONITH DA		CORRED (ENTERALIST)	TEM 18 PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC.) 211 LOCATION STREET	Esta de fowa	COUNTY STATE
6		to the last of the last	3/2 - 10	80 10 2/3	that (I) (we) last
	22a.1 certify that (I) (this hospital saw the deceased alive on above, (I) (was (idid))(did nat 22b. SIGNATURE	9/2/ 19_	pegree ATTENDIN	nion death accurred an 1 date	e and have and from the causes stated 22c DATE SIGNED
	saw the deceased alive on above, (1) (we) (did)(did nat	view the body after death. 19	pegree ATTENDIN	nion death accurred an date	e and have and from the causes stated 22c DATE SIGNED
	saw the deceased alive on above, (1) (war (did)) (did nat 776. SIGNATURE	view the body after death. 19	PEGREE ATTENDIN PHYSICIA	nion death accurred an 1 date	and haur and fram the c



LAYTONSVILLE, MD. 20879

DHMH - 16 60M 7/B4

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FRANCIS H. BARBER

STATE OF MARYLAND

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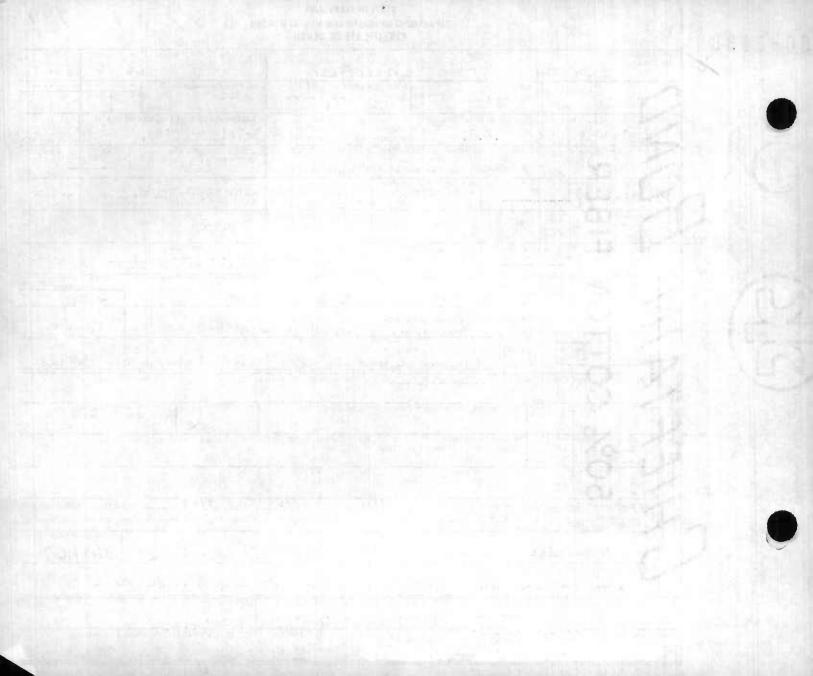
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 28. DATE KNOWN TO MONTH TTYPE OR PRINTI DEATH MATED MYRTAM LOAYZA 1986 4. RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD W 7/11/63 22 YRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Peru Peru WIDOWED [DIVORCED Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Student School Baltimore University Hospital (STU) RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3s STATE HAS COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Lehigh Allentown 30 N. 14th St. 18102 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Carlos Yolanda Limo G. Loavza In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LEFTES GIVE WAR OR DATES 202 62 1960 No Burkholder Funeral Home. PA 18. CAUSE OF DEATH (Enter only ane cause per line lor (a), (b), and (c).) BETWEEN ONSET AND DEATH Multiple injuries IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING \$\int\text{OR} \\
CONTRIBUTING \text{Cause of Death } 1:21\text{2xx } 3-29- 19 \text{ 86 Passenger of auto/tractor trailer collision.} 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC. 1 WHILE AT WORK I-83 near Wester Run River, Cockeysville, MD road VGE A SHOULD BE FORW FUNERAL DIRECTOR: P TER DEATH, WITH THE ST ATTMORE, MARINAMD A Balto. Autopsy X 22a I certify that I took charge of the remoins described obove, held an Accident X deoth resulted from: Notural causes Homicide Suicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE 3-30-86 EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Cremation Greenwood Cemetery Allentown. PA 14 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. DHMH . 17 4905 York Road 21212 (VR A15 ME (5)) Balto. MD

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24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEXTH REGISTRAR REG. NO DECEASED NAME TO DATE KNOWN X MONTH PE OK PRIVIT ESTI-Dominic Gerald DEATH MATED Lombardi 19 19 86 4. RACE & AGE (IN YEARS IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 2:06P May 3, 1925 DEAD Male 60 YRS 76. CITIZEN OF WHAT COUNTRY? TE BETHPLACE INTATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PORDON COUNTRY! Mass. USA WIDOWED DIVORCED Baltimore City 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Laborer Balto. City Baltimore 3307 Abell Avenue USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 21218 | 13d | INSIDE CITY LIMITS? | 13e STREET ADDRESS | Z1218 | X NO \square | 3307 Abell Ave. Balto., Md. 13a. STATE 136 COUNTY 13c. CITY OR TOWN Md. Balto. IR FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lombardi Ernesto Pasqualina DeCola 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO Mr. Wm. P. Lombardi, 2508 Hartham C 219-16-8390 IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Alcoholism IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 15s DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES] NO Y 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE NOT WHILE COUNTY STATE Inspection X 220. I certily that I took charge of the remains described above, held an Autopsy Inquiry and in my apinion Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3/20/86 SIGNATURE PAGE A TO FUR AFTER C BALTIM EXAMINER'S NAME ADDRESS 111 Penn St. Balto.MD. Dixon, M.D. 230 BURIAL, CREMATION, REMOVAL 231/DATE 23¢ NAME OF CEMETERY OR CREMATORY Dulaney Valley Mem. Gar. Burial Timonium Balto. Md. 07/B4 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** E. Lowell Lemmon, 10 W. Padonia Rd. Mindren Aandelle (VR A15 ME (51)

STATE OF MARYLAND

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30	1	TESIDENCE IN JUNG-ONE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE NO- TO & ST
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2 € 2 € 1 3 		Burial 3-22-86 Eastview Cemetery Baltimore
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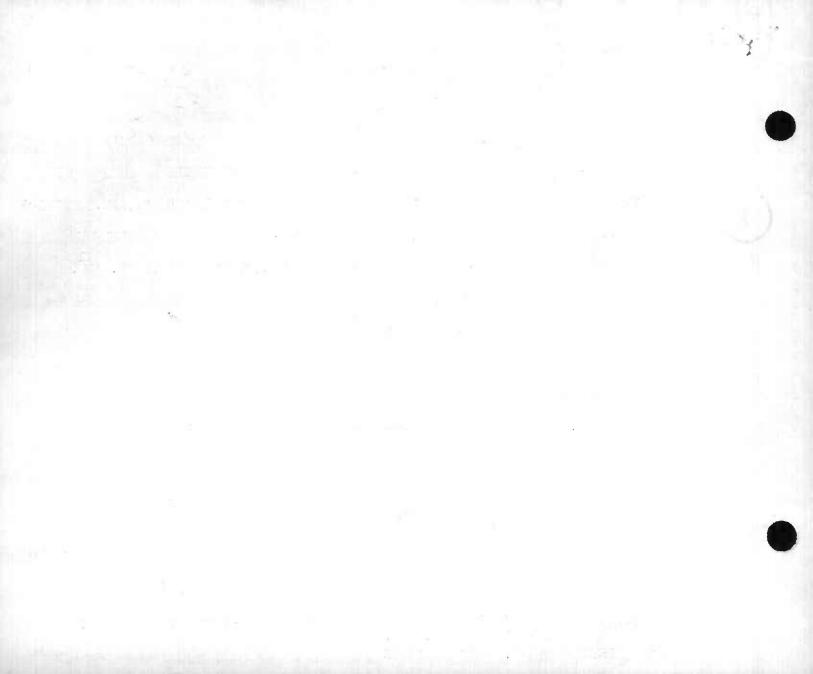
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M 1 51 35	10. <	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C	, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR			
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N 531 17		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT	ADDRESS				
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MA CONTRACTOR		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a ED BY:	i), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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* 1 Jan 1	1	couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	DNSEQUENCE OF						
2 2 2 2 2 2		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 1 o			
the state of the s	S S	Myocardi	0 .	tion or		uneur sepsis				
A SEE S	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?			
Alk libe libe libe libe libe libe libe libe	E					YES NOW YE				
NN:		210 ACCIDENT WAS UNDERLYING CAUSE OF DEA	216. TIME OF INJURY	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)			
Sicly of post	13	(IF EITHER NOTIFY MEDICAL EXAMINER	5117	19						
NG PHYSICIAN: The low equation of tending physicion. If the this certificate has been as the buriol-transit permit had Amenial Hygierie prin hand Amenial Hygierie prin anked or item 18 shows on the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
NO O O O O O O O O O O O O O O O O O O	100	22a I certify that (I) (this hospi		12/	17	to Merch 6	19 64 , that (1) (we) last			
ATTE Sspite CCTO d for n 21		saw the deceased olive on abave, (I) (we) (did) (did no		rh.		death accurred on the date and hav	and from the causes stated			
TAL OR by the hory the horder DIRE detacher tate Deprivate Herrich Her		a delen	Moline a	up		MEDICAL STAFF DIRECTOR PHYSICIAN	3/16/8 4			
TO HOSPITAL TO HOSPITAL TO FUNERA should be de with the Stort			Molina Mi		1	St. Bathinor	21705			
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3/20/86		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	CQUNTY STATE			
BP	24 5	UNERAL DIRECTOR	3/20/86	Meadowr	idge Memorial		timore Marylan			
DHMH - 16 60M 7/84 (VRA 15, 4)	1	Connelly Funer	al Home 300	ADDRESS Mace Ave.	21221 25a DA	IAR 1 9 1986	RAR'S SIGNATURE			

STATE OF MARYLAND

30210-00

QUE 0816 484	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0	07791
oth oth		CEASED NAME FIRST	Girl	LOWE.	REG. NO. 20 DATE OF DEATH MONTH MARCH 16 1	986 6:17 M
tor. page 3	3 SE	-	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	986 6:11 M
ge 4 u		FEMALE	WHITE	03/ 16/ YEAR 86	YRS	MONTHS DAYS HOURS MIN.
deoth. Po	M	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	
by the fu	BA	ALTIMORE	JOHNS HOPKI	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) NS HOSPITAL	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
filled in hould be	13°M	AL RESIDENCE (IF NURSING HERE OF STATE ARYLAND MAI	OTHER INSTITUTION, GIVE RESIDENCE THE THURN	YES D NO [13e STREET ADDRESS / ZIP COL 1 EAST MAIN	ST. 21788
ompletely 1 and 2 s	9		MIDDLE LAS	BONNIE	WIDDIE	LOWE
ond c		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	1 East M	lain St.
is. Pe		No		BONNIE	Thurmont	Md. ROX 21 788
ent,		18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (DBY.	ardiorespiratory col	lapse	BETWEEN ONSET AND DEATH
in the state of		IMMEDIA	DUE TO, OR AS A CONS			2 1100003
D G G		Conditions, if any, which		Dneumetherax		3 hours
by the cose remo		gove rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF Thene premating		6. hours.
equires t n signed Then ple r to burio injury, or	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	IVEN IN PART 1(a
he low re on. has been t permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \ NO \
SICIAN: The physicion of physicion certificate in indictions and Hygie frem 18 sho	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	1 DAY YEAR	RRED (ENIER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
offendin ter this of is the bur h and Me	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, O	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TTOR: Af for use of the old		220.1 certify that (1) (this hospi saw the deceased alive an obove (1) we ((did) (did no	tol) ottended the deceased f		to 614 pm 3-16 n death accurred an the date and ha	, 19_86 , that (I) (we) lost out and from the causes stated
PITAL OR A by the hos ERAL DIREC e detoched Stote Dept.		226. SIGNATURE CLASS	3-16-86			
HOSPII nined b FUNER build be th the Si		Elizabeth C	Engle	Johns Hope	unt Hosp, Baltin	nore Hd 21215
0 a 0 d M		BURIAL, CREMATION, REMOVAL		230 NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		REMATION	03/16/86	JOHNS HOPKINS	BALTIMORE	M.d
DHMH - 16 60M 7/B4		UNERAL DIRECTOR	29	00 N. Wolfe St MA	ATE REC'D. BY REGISTRAR 256 REGIS	
(VRA 15, 4)		Johns Hopkins	Hospital	NOTTE DE MA	K 2 / 1986 ghis Da	Masel - Mashren

STATE OF MARYLAND



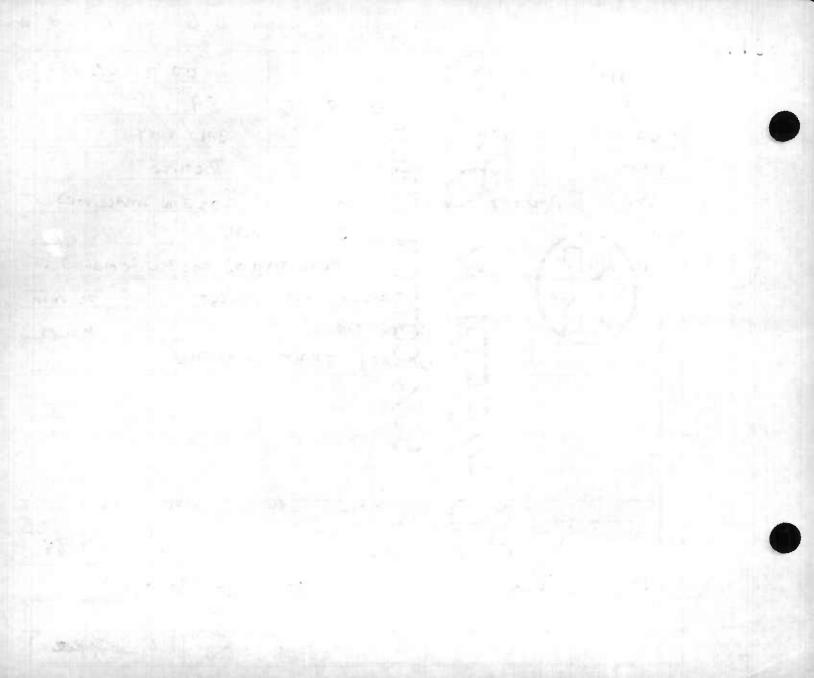
00-	02110	1.	FOR - STATE REGISTRAR		DEPARTI	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	ENE 8 6	0 7	1	9 3
		I DE	CEASED NAME FIRST		MIDDLE		TAST	20 DATE OF DEATH	YAO HINOM	YEAR 2	2b. HOUR
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		3. SE		4 RACE		S. DATE (OFBIRTH	6 AGE (IN YEARS LAST BIRTH			IF UNDER 24 HRS
	ge 4		Female	Whit	е	Oct.	8,1893	92	YRS	DAYS	HOURS MIN
	Poge I direc		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		ATH	
	deoth.	7	Maryland	USA		WIDOW		Baltimor	e City		MD.
	with with	10 C	ITY OR TOWN OF DEATH	II NAME OF	HOSPITAL, NURSIN	IG HOME	POTHER INSTITUTION HOme	120 USUAL OCCUPATION		KIND OF	BUSINESS OR
10	by the)	Baltimore	1000	S. Cato	2 227	21220	Homemake	r	OSIKI	
BALTIMORE, MARYLAND 21201	hour in be	USU 13a	AL RESIDENCE (IF NURSING HOMI STATE 136 CC ryland	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION	113d INSIDE CITY LIMITS?	13e STREET ADDRESS		30.1	
N N	2 48	Ma	ryland		Baltimor	e	YES X NO		lowmere	Wav	21212
RYL	(3)	14 8/	ATHER'S NAME	MIODLE	LAST	TT V	15 MOTHER'S MAIDEN NAM			EAST	
MA	2 F1	20	Joseph Pati					et Cecelia	Nagle	TW31	
JRE,	id of dical		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		Stevens	on La	ina
I.W	Page ex		No		220-32-3	3076	Dorothy L. Th	ompson Tow	son, Md.	2120)4
BALI	ficate I hysicia popersional.		18 CAUSE OF DEATH Enter	only one couse per	line for (o , (b), on	dicin	1				ATE INTERVAL
	rtific physical physical physi		PART I. DEATH WAS CAL	JSED BY: IATE CAUSE (a)	GENEL,	ALIZ	ed ASCV	0		10	YRS
PRESTON ST.,	nding carbi	133	CASTA TAXAB	DUE TO, O	R AS A CONSEQUE	NCE OF			4 - 7		
EST	death otton, or		Conditions, if ony, which	(b)_	PAI	R/JI	VSONS DI	sease	FALK E	3	TRS
	by the		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
W 10	thot d by eose ol, c		underlying couse last	((c)			m metaliki X				
DIVISION OF VITAL RECORDS, 201	quires signe hen pl ta bun	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO (DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	ITION GIVEN IN I	PART 1(0)	
S	been prior ony ii	CERTIFICATION	19a. DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDING	SUSED
I RE		Ē	Electric Page	977				YES NO	IN CERTIFYING O	LAUSES O	P DEATH?
A I	HYSICIAN: The I. ding physicion. is certificate has burial-transit pe Mental Hygiene ar 18 shows	GE	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR			PART 2)	
9	SICIAN: ng physicertifical rial-tron entol Hy Item 18 s		OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DA	YEAR					
N O		MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION				
NISI N	() = h = 0 0	2	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC.)	SIKEEL	CITY OR TOW	N COU	NIY	STATE
٥	ENDING rol or or OR: After ruse os Heolth Lis mark		this ho) على 220.1 certify that			.2.	- 2 1981	_, to	8 1981	5, th	at +++ (we) last
	F E 2 0 4 2		saw the deceased alive abave, #1 (well(did) (did	on 3 -		6.0	nd that in (my) (o ur) apinian d	eath accurred on the da	te and hour and f	ram the ca	uses stated
	OR AT DORECT DORECT DOEPT. B		274 SIGNLATURE				DEGREE			c. DATE SI	GNED
	·		Home Fil	Yartmen	0,	MD	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	3-28	3-1986
	= 0		210. PHYSICIAN'S NAME (TYP	E OR PRINT)	/		22e. ADDRESS			1	BACTINERE
	TO HOSPITA retained by TO FUNERA should be de with the Stot		JOHN F.	HARTM	AN, M.L).	JENTINS MER	10RIA - 100C	S. CATON,	are.	MD.
	D € 5 € 3 ₹	23a. E	BURIAL, CREMATION, REMOV	AL 23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	COUNTRY		STATE
	BP	1	Burial	3/29/	86 S	t. Jo	hns Church	Hydes, B	altimore	Co	Md.
	DHMH - 16 50M 1/76		NERAL DIRECTOR		ADDRESS	6500	TOTA MA	REC'D. BY REGISTRAR	Sh. BEGISTRAR'S	SIGNATUR	
	(VR A 15 (4))	Mi	tchell-Wiedefe	ld Home,	Inc. Ba]	to.,	Md.21212 A	PRO 1 1986	Julia David	Son-A	endelle

18	1	FOR STATE REGISTRAR	DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 6	0	7	9 4
8		CEASED NAME FIRST	MABREY		LAST	20 DATE OF DEATH	3 21	86	155 PM
ars officer	1. SE	M	4 RACE B	MON	of BIRTH THE DAY 94	6 AGE (IN YEARS LAST BIR	THDAY) IF U MON YRS	THS DAYS	HOURS MIN.
83	7e. B	ETHPLACE IN ATE OR FOREIGN	76 CITIZEN OF WHAT COL	MARRI		9 BALTIMORE CITY OF	C 17 Y	DEATH	MD.
38		PACE.	11. NAME OF HOSPITAL, (IF NOT IN SUCH EACILITY, GP	MA LYL	(~)	12a USUAL OCCUPAT		126 KIND OI INDUSTRY	F BUSINESS OR
35	Talo :		ROTHER INSTITUTION GIVE RESIDEN		YES NO [13e.STREET ADDRESS 2023	ZIP CODE	21223 AUN	OD ST
300	W		MIDDLE Ha	brey	15 MOTHER'S MAIDEN NA	BASEMIDDLE		Mabr	eu
1)/		WAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	33-3830	GRACE TO	AYLOR 207			000 57.
entant		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one cause per line for (a) ED BY TE CAUSE (o)	CARDIN	primorary	ARREST		BETWEEN C	MATE INTERVAL DINSET AND DEATH
ementos, or en houmatic	1	Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A COM	NEED HENCE OF		1000)	h	الاسادة
burini, co		PART 2 OTHER SIGNIFICANT	(c)CONTRIBUTIONS	URINA NG TO DEATH BU		MINAL DISEASE OR CON		IN PART 110	
ene prier to	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES		
ortellary or the transfer of t	197	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIFETTHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MON	TH DAY YEAR		RRED LENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
h and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,		21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
A Tank	8	22a.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did (did n	2/2:	19 86	ond that in (my) (our) opinion		ate and hour or		hot [1] (we) lost
detoched lose Dept NT: If then			on strucy	M	FITTSICIAN	MEDICAL STA	FF CIAN X	224 DATE	SIGNER 6
WPORTA		MICHAEL	DURANTE		22-S-Gru	ne st T	3a/to,1	MD	
		BURIAL, CREMATION, REMOVAL	3/25/86		CEMETERY OR CREMATORY S Memorial Par		c	DUNTY	YAIS

DHMH - 16 60M 7/84 (VRA 15, 4) 74 FUNERAL DIRECTOR
William C. March F/H West 4300 Wabash Avenue

MAR 2.4 1086

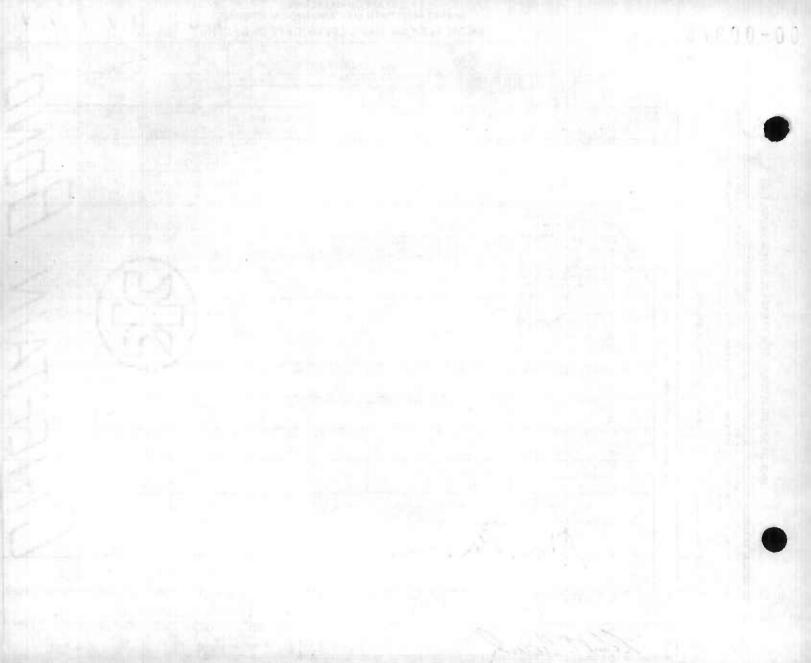
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nn -	01771	1	REGISTRAR			WED	DICAL	EXAMI	NER'S	CERTIF	ICATE C	OF DEA	TH	REG. N	10.		
0 0	0112		CEASED NAME	FIRST			WIDDLE			LAST			20. DATE I	KNOWN	MONTH	DAY YEAR	R 26. HOUR
	M 4. 48 F. O	(14)	PE OR PRINT	ERN	EST					MA	CK JE	R.	OF	ESTI-	□3-23-		
	FILE	3. SE	X	4 RACE		OF BIRTH		I AGE (IN	YEARS IF U		IF UNDER	ALC: THE RESERVE OF	2c. DATE		MONTH	DAY YEA	AR 24 HOUR
	REGISTER ST. P.				MONTH	DAY	YEAR	LAST BIRTH	DAY) MON		Hours	MIN .	PRONOUN	ICED			24 11001
	STOCKS.	M		В	3	26	83	_	YRS.				DEAD		3-23-	-86 19	111:449
	VECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET.	70 B	IRTHPLACE (ST	TATE OR	76. CITIZ	EN OF WH	AT COUN	TRY?	8 MARE	RIED N	VEVER MARR	RIED X	9 BALTIM	ORE CITY	OR COUN	TY OF DEATH	
	S CNE	M	ARYLAN	ID O		U.S	5.A.		WIDO		DIVOR	CED 🗆	Bal	timor	ce Ci	ty	MD
	お手が供す	10. C	ITY OR TOWN	OF DEATH		E OF HOSE	ITAL, NU	RSING HO		HER INSTIT	TUTION		JAL OCCUP	ATION (T		126 KIND OF	BUSINESS
	SESENO(D	-1++					TREET ADDRESS				FOR	N/A	KING LIFE)		OR INDU	STRY
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20	ASSES A	13a S	TATE	136 COUN			13c. CITY	ORTOWN			CITY LIMITS?					212	17
**	1335		ARYLAN				BAL	TIMOF	RE	YES [3	7		4 N.	DIA	ISIO	N STRE	ET
N N	E-SOB	14 F.	ATHER'S NAME		MIDDLE			LAST		15 MOT	HER'S MAID	EN NAME	MI	DDLE		LAST	-
2	210 2 2 1 C	1	ERNEST	1			MA	CK SE		DE	EBBIE					JONES	
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Ö	AS A CREAT	20	1 3 R														
DIVISION OF VITAL RECORDS	HOULD BE EXE SRD "PENDING CHIEF MEDICAL E USED AS A BLI OF HEALTH AN	CERTIFICATION	19a. DATE OF	OPERATION	19	CONDITI	ION FOR	WHICH OP	RATION V	VAS PERFC	DRMED?		-			20 AUTOPS	Y?
Z.	SI A	F															
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ō	FP 55 S	2		NG CAUSE OF			3-?-				appar	rentl	y bea	ten			115
N N	DE SED IN	MEDICAL	214 INJURY C			e PLACE O	DRY, FARM, E	(AT HOME,		STREET			CITY OR TOW	VN	co	HINTY	STATE
۵	E: THIS CERTIFICATE SHOULD E THIS WRITING THE WORD "FEN RWARDED TO THE CHIEF ME SPAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEAD STATE DEPARTM	-	AT WORK	AT WORK	x	home			22	24 Di	visio	n Str	eet	Balt	imore	e, Mary	land
	CATE, THIS CATE, W FORWAI OR: PAC THE STAT NND, 212			fy that I took charg	a of the re	mains dass	ribad aba	oue held se	Autor	psy X	Inspectio		Table 1	П			
	EXAMINER: CERTIFICATE OULD BE FORN DIRECTOR: I, WITH THE S MARYLAND,		1000										Inquiry		and in my of	Jinion	
	AAM STIF STIF RYL		death result	A I	ol causes		Accident	□. :	oucide		nicide X	Undet	ermined mo	nner			
	X 9 5 6 6 6 €		ACTUAL	Minut-	-	A.	(DV	00			(SPECIFY)				DATE		
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	NO SON		EXAMINER'S (TYPE OR PRIN	NAME m.	argar	ita A	KO	rell,	d D		111	1 Don	nStre	o+			
	ALTER ALTER					I ca n				ADDRESS				eL			
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOI AFTER DEATH, WITH THE BALTIMORE, MARYLAN	23o.B	URIAL, CREMA	TION, REMOVAL				NAME OF C			TORY	23d. LC	CATION		COU	NTY	STATE
07/84	BP		BURIAL		3-2	8-86		CEDA	RHI	LL		AN	NE A	RUDE	EL		RYLANT
25M	DHMH - 17	24. F	UNERAL DIREC	TOR		ADDRESS	MIL	100		11,000	250. DATE	REC'D. BY	REGISTRA	256. REC	GISTRAR'S S	GNATURE	
	(VR A15 ME (5))	WI	1.C.MA	RCH F/	H IN		101	E.NO	RTH	AVE	MA	R 25	7 1986	-		www. Mand	all ;
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	SRS. ES.			Benja	amin				M	lacka1	1		DEATH	MATED		3/	22/19	86	M
	STREET STREET	3 SEX		4. RACE	5. DATE C	DE BIRTH	YEAR	6. AGE (IN Y		UNDER 1 Y		R 24 HRS.	PRONOU		MÓ	HIM	DAY	YEAR	24 HOUE
	ON SOUR	ma	le	black	7	3	1904	0.1	RS.	DAT.	HOURS	MIN	DEAL)	TAIL!	3/	22/19	86	Ам
	RAIL Y ALL	7a. BI	RTHPLACE (ST	ATE OR	76 CITIZE	N OF WH	AT COU	NTRY?	8 MA	RRIED (X)	NEVER MAR	RIED 🗌	9 BALTIA	AORE CIT	Y OR CO	YTNUC	OF DEA	TH	
	FINESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. ILED, WITHIN 72 HOURS OI W. PRESTON STREET.			ld	U	SA				OWED	DIVOR	CED 🗆		timo			,		MD.
	AY IS NE THE FUN AGE 5 F FILED W	10. CI	TY OR TOWN	OF DEATH				JRSING HOM	E, OR C	THER INST	ITUTION		MOST OF WO		(TYPE OF W	ORK 1	2b KIND OR IN	OF BUS	INESS
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21201	ANY	130. S	L RESIDENCE	(IF IN NURSING HOME		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING Y 134 CITY OR TOWN Baltimore			ION)	13d. INSIDE CITY LIMITS? 13e. STREET ADI				ess id H	ill		nue		
Å.	T. T	14 FA	THER'S NAME		MIDDLE		1.5			15_MO	THER'S MAIL			AIDDLE		71.41	LAS		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-0037 MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN 😾 LTYPE OR PRINT) Kav DEATH MATED SUSAN MAGDEBURGER 19 86 4 RACE 6 AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR 16 YRS. PRONOUNCED White 2:35 Female Jan. DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH . BIRTHPLACE (STATE OR MARRIED NEVER MARRIED EIRTON. Md. U.S.A. WIDOWED [DIVORCED Baltimore City LETTY OR TOWN OF DEATH 120. USUAL OCCUPATION TYPE OF WORK 126. KIND OF BUSINESS 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Student OR INDUSTRY Sch. University Hospital (STU) Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13e SIREET ADDRESS 241 Veasy Ford Dr. 21921 13d INSIDE CITY LIMITS? NO X 14 FATHER'S NAME Joyce Ann Hancock FIRST Robert P. Magdeburger LAST 166 SOCIAL SECURITY NO. 17. INFORMANT 241 Veasy Fo (YENTHO OR UNKNOWN) 215-02-3766 Robert P. Magdeburger Elkton, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE IN THAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cranio-cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Instant TO MEDICAL EXAMINER: THIS CERTIFICATE SF. EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CT OF UNERAL DIRECTOR; PAGE 3 SHOULD BE AFTER DEATH, WITHAHE STATE DEFARMENT BALTIMORE, MARYDANG, 21201 PHOR TO BUILD 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING KOR 7:40mx 3-7-Driver of auto/truck collision. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21 LOCATION STREET, FACTORY, FARM, FTC.1 WHILE AT WORK Rt. 7 Stoney Creek Bridge Overpass, Cecil, MD road Instant 22a. I certify that I taak charge of the remains described above, held on and in my opinion Accident X Homicide ___ death resulted from: Natural causes Undetermined monner TITLE (SPECIFY) ACTUAL 3-12-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St., Balto., MD Ann M. Dixon, M.D. 21201 EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 3-14-86 North East Meth. 23d. LOCATION Cecil North East 07/84 Funeral Home North East, Md 25M 24 FUNERALDINECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

13e STREET ADDRESS / ZIP CODE C112/ordela APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22c DATE SIGNED PHYSICIAN | DIRECTOR | PHYSICIAN CITY OR TOWN BURTAL 3 - 31 - 86GARRISON FOREST OWING MILLS 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIG WM. C. MARCH F/H INC. 1101 E. NORTH AVE. rine Davidson-Randalle

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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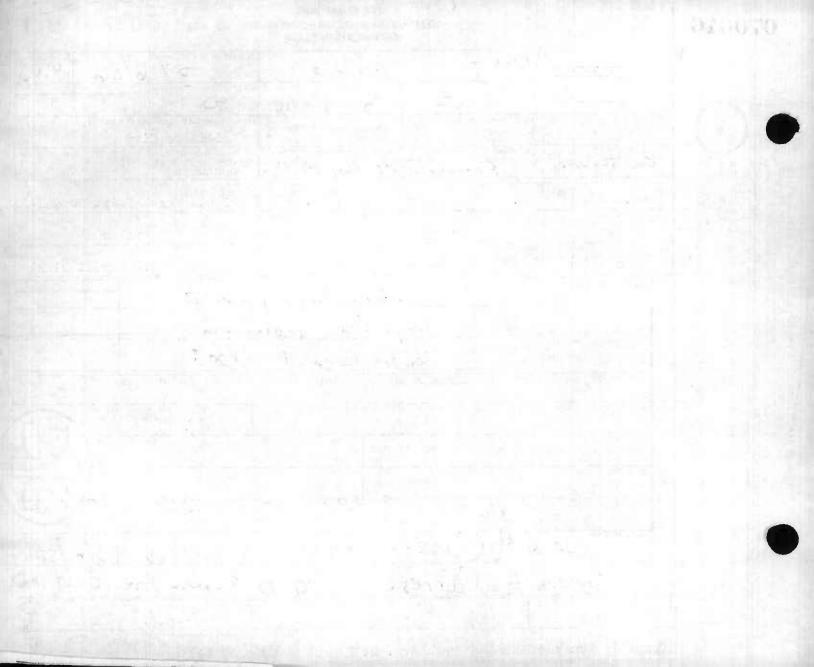
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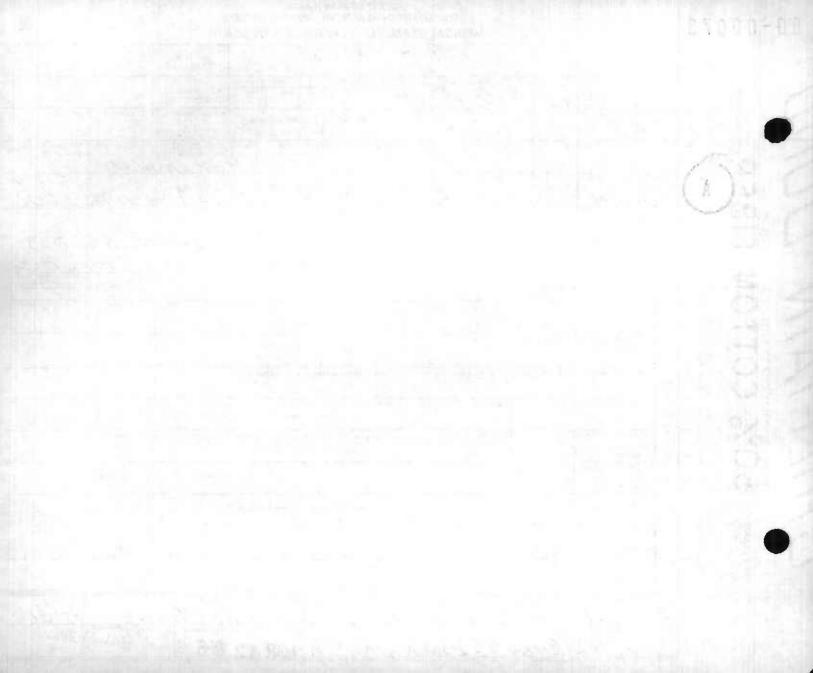
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OR ATENDRING PHYSICIAN The bospital or attending phy DIRECTOR. After the centric acted for use at the building Dept. of Health and Mental It I fleth 21 a marked or item 1	MEDICAL (OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED NOT WHILE AT WORK 220.1 certify that (Dythis hospi sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGN AT THE	P.M. 21e PLACE OF INJURY INTHOME STREET, FACTORY, OFFICE and ottended the deceased from	n SQ, on	211. LOCATION STREET 19 6 that in (my) (aur) apinian d	city or to	wn co	STATE State State State
TO HOSPITAL reformed by the TO FUNERAL should be det with the State IMPORTANT	730	22d. PHYSICIANS NAME (11) BURIAL, CREMATION, REMOVAL	A Carr	ege C NAME OF CI	PHYSICIAN PHYSIC	Easter 1236 LOCATION	Are.	Balt MD.
BP		Burial			Cemetery	Balt		arvland
DHMH - 16 50M 1/B1 (VRA 15, 4)		onnelly Funeral	Home 300 Mace	Ave. 2	1221 25a. DATE	REC'D. BY REGISTRAR	25b REGISTRAR'S	SIGNATURE



00 00072	1,	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7 2 0 3
00-00073	11-	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1002
X	I. DE	ECEASED NAME FIRST MIDDLE AKA MAII "COTT 10 DATE KNOWN W MONTH OF ESTI-	H DAY YEAR 26 HOUR
FCESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR YOURS. WITHIN 72 HOURS.		ALICE MALLITETT DEATH MATED 3-8-	-86 19 M
STATE PER STATE OF ST	3 SE	A RACE S DATE OF BIRTH LAST BIRTHOAY LAST BIRTHOAY AND LAST BIRTHOAY BIRTHO	DAY YEAR ZEMPUR
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AN A	-	5,C UIS/191 WIDOWED DIVORCED Baltimore City	
SHARE S	10.0	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS] 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
192 88 1	Augi	Baltimore 1635 Moreland Avenue Homeoro of the Rinstitution, Give residence admission:	
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DE ATT	1	FATHER'S NAME MIDDLE (1) LAST IS MOTHER'S MAIDEN NAME MIDDLE (1)	LAST
	160	WAS DECEASED OF IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Brown 14.11	1000
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W. PRES. WITHIN NCIL IN INCIL		Canditions, if ony, which gave rise to immediate (b)	
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AND DE HER		270. I certify that I taak charge of the remains described obove, held an Autopsy , Inspection , Inquiry K. ond in my a	pinion
CAMINE BE		death resulted from: Natural couses X. Accident, Suicide, Hamicide, Undetermined manner,	
A SOUTH A		SIGNATURE MOUNTE De Yele M.D. Assistant MEDICAL EXAMINER SIGN	
MEDICA CUTE TH SE 4 SH FUNER FENER TIMORE	7		JED
TO MEDIC EXECUTE 1 PAGE 4 S PAGE 4 S PAGE 1 PAGE DE		(TYPE OR PRINT) Margarita A. Kcrell, M. D. Address, 111 Penn Street	
534548	73a. E	BURIAL, CREMATION, REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION	UNTY CO STATE
07/84 BP	E	DIRIA 5-11-86 PA//mrte (PM. BA/Timme)	mdi
25M DHMH - 17	24 F	FUNERAL DIRECTOR NAME OSE OH LIPUSS 2222011 North AIR NAME NAME ADDRESS ADDRES	SIGNATURE
(VR A15 ME (5))		oseph Likuss 2220 North Aver MAR. 12 1986 grand Danson	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Item 8 G613 3/21/ 86 cw

FOR

- STATE

(VRA 15, 4)

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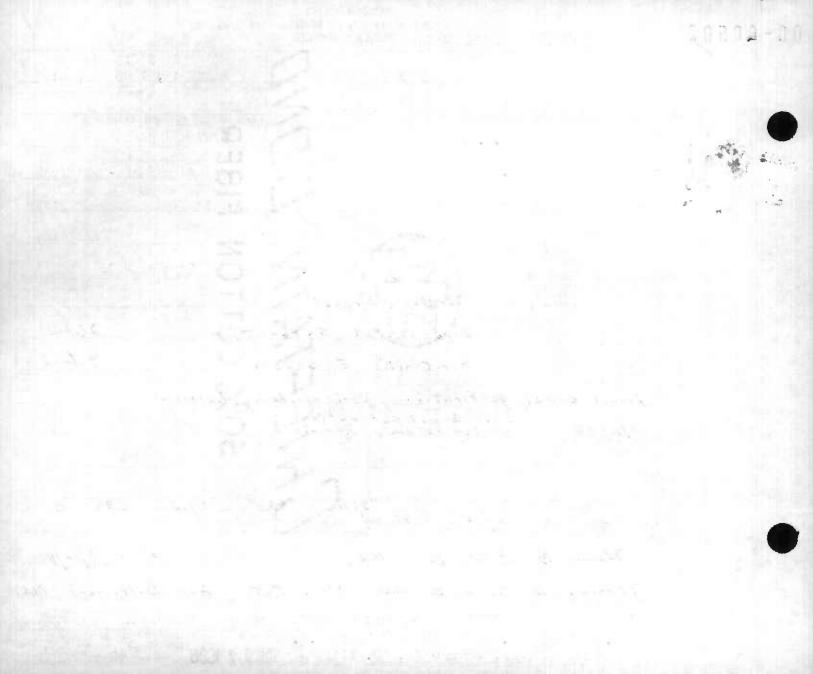


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ge 4 moy	3 SE	× female	Black	5. DATE	DE BIRTH 16 1 1913	6. AGE (IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS
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NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours often this certificate has been signed by the attending physician and completely fine in site buries the semi-transity permit. Then please remove corbanapopers. Pages I and 2 sho that hand Mental Hygiene prior to buriol, cremation, or removal.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR ADA CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ry	Cavcinous	Paneres	ux,	
n. nos been signec permit. Then pl ne prior to buri ws ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		20a AUTOPSY? 20b	IF YES, WERE FINDING: CERTIFYING CAUSES OF	S USED F DEATH? NO []
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75 ° 5 ° 5 ° 5 ° 5 ° 5 ° 5 ° 5 ° 5 ° 5 °	23a.	BURIAL, CREMATION, REMOV	AL 23b DATE	23с.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	~\b	COUNTY	STATE
BP	24.	Burial	3/19/			s Of Faith C		Baltimo		Maryland
DHMH - 16 60M 7/84	14 1	ETOY METOR Russ	Augus Co	tower tu	neral	Homes P. A.	AD 1 D 400	C PA.	TRAK'S SIGNA	Parel & C.S.
(VRA 15, 4)	1	OJU LUMONUAON	MUV.MUV.	LUVISUAXA	LKA WU	A 41//0 BILL	ALM I TO	The base of the second	A AND STATE OF THE PARTY OF THE	N Fand Charlemone



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN THE OF BUILD ESTI-DEATH MATED □3-30-86 4 RAC & AGE IN YEARS IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 1:4QA 3-30-86 DEAD TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED □Baltimore City DIVORCED OCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 174 KEND OF BUSINESS 7 E. Fort Avenue Baltiore ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? FATHER'S NAME BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke inhalation JMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? (HEAD ONLY) 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR
CONTRIBUTING CAUSE OF DEATH caught in housefire 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 527 E. Fort Avenue Baltimore, Maryland 220. I certify that I taak charge of the remains described above ADI (N) (V) tapsy Inspection and in my apinion Accident X death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE 3-31-86 EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street TYPE OR PRINT **ADDRESS** 07/84 25M **DHMH - 17** (VR A15 ME (5))

A A CHONARY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT AL HYGIENE

7-01712	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	GIENE 8 6	0	7	8 0 9	
oge 3 death		OR PRINT) Elear		A. Ma	arone	y Y	3-26-86	MONTH DA	Y YEAR	2b HOUR	
ge 4 mo	3. SEX	Female	4 RACE	te	5. DATE C	18-1915	6 AGE (IN YEARS LAST BE		UNDER I YEAR	HOURS MIN.	
St. Po		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Balto. Ci		FDEATH	MD	
s ofter d	10 CI	Balto.	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET, Birchwood	ADDRESS)	DR OTHER INSTITUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST Clerk	ION	INDUSTRY	OF BUSINESS OR	
filled inoulid b	130 5	Md.	LE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130 CITY OR TOW Balto	N	YES 🔏 NO	130 STREET ADDRESS 5617 Bird	/ ZIP CODE	lve. 2	1214	
mpletely mpletely mpletely mpletely		Joseph	MIDDLE	Rhoderic		Adah	MIDDLE		ıleigh	ST	
be execu		VAS DECEASED EVER IN U.S. (15 YES NO OR UNKNOWN) (15 YES	ARMED FORCES?	214-10-2°		Virginia Car	mpbell, Sam				
that the death certifical do by the attending physical ease remove carbangop ial, cremotion, or removal or ather froumatic event,		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	Myrca DR AS A CONSEQUE DR AS A CONSEQUE	Mial ENCE OF ENCE OF					Ximaté interval Onset and Déath	
he law requires ion. thos been signe it permit. Then p inner prior to but nows any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICATION				NOT RELATED TO THE TERM	200 AUTOPSY?	20b IF YES, V	WERE FINDI		
G PHYSICIAN: TI offending physici ner this certificate is the burlot-transit ond Mental Hygi red or frem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAM. 21d. IN JURY OCCURRED WHILE NOT WHILE AL WORK	DEATH HOUR A	OF INJURYM. MONTH DAM. OF INJURY FREET, FACTORY, OFFICE, F	19	21t. HOW INJURY OCCURE 21t LOCATION STREET	RED (ENTER NATURE OF INJ		COUNTY	STATE	
AL OR ATTENDIN y the haspital or of AL DIRECTOR, aft detached for use of ore Dept. of Health II. If them 21 is mor		22a.1 certify that (1) (the sow the deceased alive above, (1) months (die 22b. SIGNATURE	on 3-2 d not view the body	y after death		nd that in (my) opinion opinio	, to	AFF	-	that (I) (a) last causes stated	
TO HOSPITA reformed by TO FUNERA should be de with the Stot	23n P	Frank S. I	Palmisano	·		22e ADDRESS 5122 Harford EMETERY OF CREMATORY			1	7	
		SPECIF TRund of	3_31_		+ 07		THE SHY BRIOWN	ale Ma	COUNTY	STATE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Md. Leonard J. Ruck, Inc., 5305 Harford Rd., Balto.

250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAR 2.7 1986 Julia Mandon Hondar

-181-1wis .m.fee a deal 3 . NA POSCESTE YTS TITE ELECTROSS AVE. E1114 .07.00 21 -1-21 Cast 25 -1-11 Cast 25 -1-15 Water a left copie than Character Charac remie & Jelingen, see, dale ... (120 Beene on

Control .. Note ... Ec., syc ... Mariors Ed., . series

-31-85 University

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	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC	CIENE	07810
0-0-06146	- STATE REGISTRAR	DEI ARTI	CERTIFICATE OF DEATH	REG. NO.	1) "
7000	I. DECEASED NAMES amue	Bernard	Marshall, Jr.	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
y be 3 deoth	(BERNARD)	(s)	(MARSHALL)	MARCH 18, 1986	11;05 ऄ
B B B	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS ONTHS DATS HOURS MIN.
oge ones	Male	Black	4 4 15	70 YRS	
4 2 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
8 05	Maryland Maryland Maryland	UI.S.A.	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	BALTIMORE CITY 120 USUAL OCCUPATION	MD.
201 by Me	BALTIMORE SUAL RESIDENCE (IF NU.	(IF NOT IN SUCH EACILITY, GIVE STREET THE JOHNS HOPK	ADDRESS) INS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)	
AMD 21	Maryland Balt		13d. INSIDE CITY LIMITS? YES NO X		View Avenue21209
1 -1 10/12/		MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
= 34/20	Samue I	Marshall MED FORCES? TIBLE SOCIAL SECTION	JRITY NO. 17 INFORMANT	K. ADDRESS	Addison
B 2		E WAR OR DATES) 220-07-		Marshall 6207 Pl	
ST. IAN.	PART I. DEATH WAS CAUSEI	ly one cause per line for (a), (b), ar D BY: E CAUSE (o)	AL N	hyrandia - asystote	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 OAYS
de contraction de con	Conditions, if ony, which gave rise to immediate	DUE TO, OFFIS A CONSEQUE	Mypopulat 13 Che	mio	4 OAYS
that the that the follows rent of common or enther?	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF INTOTO AK	A stumps	4 weeks
ORDS, 2		3 Bronchite	DEATH BUT NOT RELATED TO THE TERM	· ·	N IN PART Tra
The low ion.	Atelegans 190 Date of Operation 1-86	Peripheral v	agcylar algar	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
CIAN CICIAN CONTROL PAGE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR AM MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)
MISSON AGE PHYSICAL THE DAY IN TH	OKCONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TIENDS pholos of TOR. At TOR. At TOR. At Town of Health of Town of Health	22a. I certify that (I) this hospit saw the decease live an did not	3 - 18 19	, 19 00 , and that ir (my low) apinion	death accurred on the date and hour	ond from the causes stated
TAL OF A The host of the host	Dan R	Roberts		MEDICAL STAFF DIRECTOR PHYSICIAN	3-18-86
TO HOSPITA elorined by TO Elyletta by TO Elyletta should be de with the Stephan MAPORTANT	23a BURIAL, CREMATION, REMOVAL	- Roberto.	220 ADDRESS TO HOLE HOURS NAME OF CEMETERY OF CREMATORY	astospital 6002	wolfestreet
ВР	BURIAL		arrison Forest VA	Owings Mills,	Md.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 25b. REGISTR.	ARS SIGNATURE
(VRA 15, 4)	March Funeral Ho	omes 4300 Wabash	Avenue M	AR 2 1 1986	

STATE OF MARYLAND

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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

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N.	C.	U.S	- A.	WIDOW			BALTIM	wre	CIT	Y
10 CITY OR TOWN	N OF DEATH			ING HOME	OR OTHER INSTITUT	ION I2a	JSUAL OCCUPAT			OF BUSINES
RAT	-	(IF NOT IN SUCH	FACILITY, GIVE STRE	ET ADDRESS)			OF WORK FOR MOST C		/	
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MD		of suppose and	BAL-	T	YES NO		013 CL1	FION	AVE	15/5
4. FATHER'S NAA		MIDDLE	EAST		IS MOTHER'S MAI		WIDDIE		- 46	ST
Ira			Marti	in	Hatti	ie			Tota	er
	ED EVER IN U.S. AR		166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDR	ESS		
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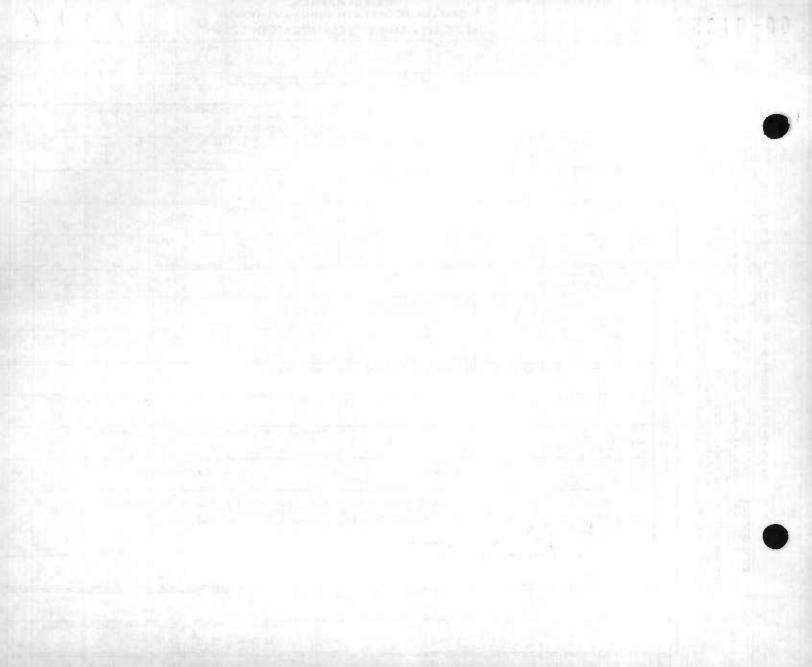
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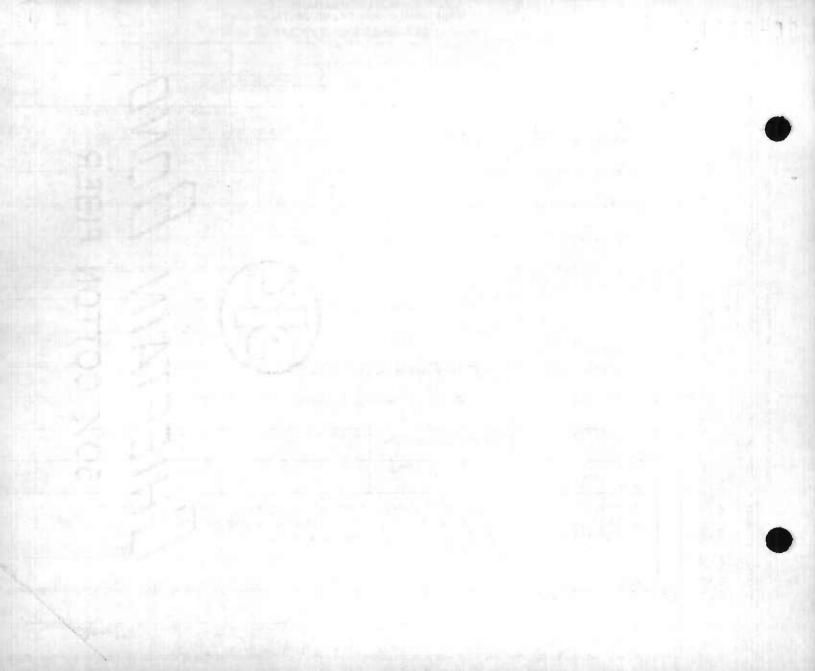
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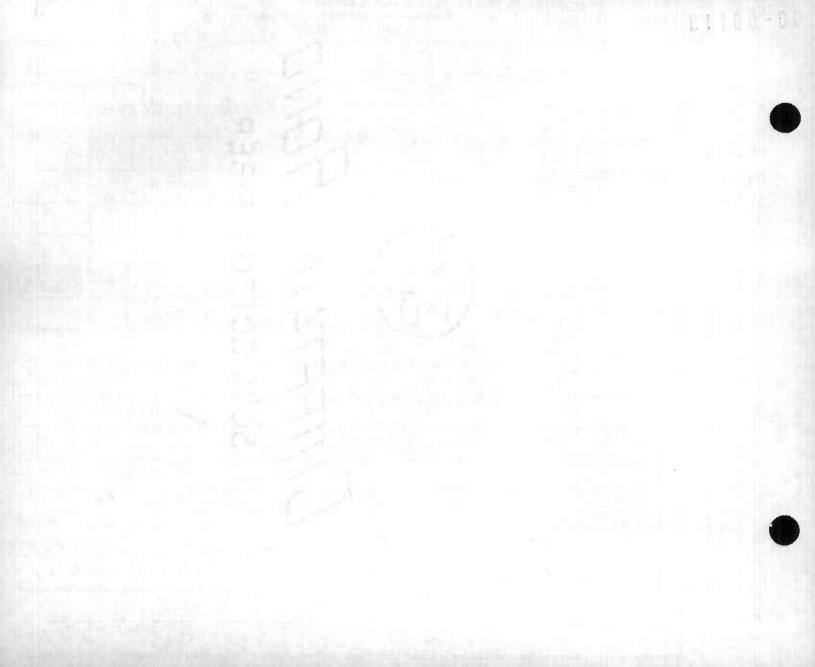
/				STATE OF MARYLAND		A 100 110	13 1
00-0141	8-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	0 / 5	2
2 1	1. DEC	EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
y be oge 3 deoth		ORLAND	PAYNE	McCAFFERTY		3 21 86	7 FMM
tor, po	3. SE)	Male	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
ogo ours	7. 01		CAUCASIAN	7 27 28	1	YRS	
nerol d	~ 0	THPLACE ISTATE OR FOREIGN 71	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balta	County OF DEATH	WD
P 2 4 2 2		Y OR TOWN OF DEATH	. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126. KIND O	F BUSINESS OR
20 offee	1	Balto.	FRANCIS SEATTS		UND ERWRY	F WORKING LIFE) INDUSTRY TER TUS	URANCE
Poor Poor	USUA 13d S	L RESIDENCE (IF NURSING HOME OR O'TATE N3) COUNT	THER INSTITUTION GIVE RESIDENCE B	FORE ADMISSION) OWN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS_	1000	063
N 2 = 3	M	ISSOURI JACK	SON LEE'S	OWN 17 YES NO P	1950NE	Told George	ROAD
tely 2 sh		THER'S NAME		15. MOTHER'S MAIDEN N	AME	and the same of the same of	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be executed within 24 of the ording physician. The low signed by the otherding physician and completely filled as the burial-transit permit. Then please remove carbonappers. Pages and 2 should the and Mental Hygiene prior to burial, cremation, or removal.	7	1	RMAN McCA	FFERTY MINNIE	WIDDLE	PAYN	E
E co		AS DECEASED EVER IN U.S. ARM	1 1 1		STER) ADDRE	95 W. 5074 S	
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LTIA Ston Brs. P					בעבאט וווו	SOLOW, MANAR	MATE INITERVAL
BA icote boop boop int, t		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (g), (b	, ond (c).)		BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.,		IMMEDIATE		STEMS DIZGAN PAIN	LURE		
ondin cork			DUE TO, OR AS A CONSE	OUENCE OF			
deo deo otte ove		Conditions, if any, which	(16) OVER	whelming SEPSTS			
the the er tr		gove rise to immediate cause (0), stating the	DUE TO, OR AS A CONSE	OUENCE OF A			
by by croth	10.1	underlying cause last.	45%	Total Body SUSFACE	BURN	350	days
ned neglined y, o		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER		DITION GIVEN IN PART 10	
RDS n sig	NO N		1				
S said to the to	CERTIFICATION	190. DATE OF OPERATION		ICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN	IGS USED
hos hos was a way	FE		My Hiple Staged	DEBRIDEMENT with split theke	YES NO	IN CERTIFYING CAUSES	OF DEATH?
YSICIO Cote Onsit Hygie B sho	ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	July Olly	RED (ENTER NATURE OF INJUR		NO [M
Phy phy phy of the of t		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	5/86 YEAR set himsel			
No Krain	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 2/1	21f. LOCATION	•11 • 11 •		
PH tend	WE		STREET FACTORY, OFF	ICE, FARM ETC)	White House	Washington,	DC STATE
DIV IN C S t S S S S S S S S S S S S S S S S S		AT WORK AT WORK	1		will renouse,	wasiiingion,	DC
Heo Lyse		220.1 certify tha (1) this hospito	1) ottended the deceased fro		, to	. 19	tha (1) (we) last
Spirit Sp		saw the deceased alive an abave (1) we (did) (did not)	view the bady after death.			te and hour and from the	causes stated
OR e ho	-	27b. SIGNATURE	1	DEGREE	LEDICAL EXAMINER MEDICAL STAF DIRECTOR PHYSIC	22c. DATE	SIGNED
At the state of th		Kill De	esleu MM)	PRIFICATION APPHYSICIAN	MEDICAL STAF	IAN 0 3/2	1/86
d b		224 PHYSICIAN'S NAME (TYPE OR P	PRINT}	22e ADDRESS	1 11	1	
HO One		Kobert 13	restin M	1) FRANCIS Sca	H KEY MED	ICAl lestre	
5 5 5 3 3		URIAL, CREMATION, REMOVAL	23b. DATE 2	TE NAME OF CEMETERY OF CREMATORY	23d. LOCATION		
GGGGBP-C	1	REMATION		GREEN MOUNT	BALTIMO	COUNTY	STATE
77799	24 FU	NERAL DIRECTOR E. BARI	1.55	21018 250. DA	TE REC'D. BY REGISTRAR	Selection deside	MONTHAN
DHMH-16 SOM 2/80 (VRA 15, 4)	I	NAME CIPTRI	ADDRE STOWN	S BENSON MD V	AR 26 1986	0	

-00854	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 6 CERTIFICATE OF DEATH REG. NO.	7 8 2 2
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DA	
to, page 3 ofter death		BARY	GIRL McCALL JANUARY 19	1. 007
moy r. pog	3. SE	x	J. DATE OF BIRTH	FUNDER TYEAR IF UNDER 24 HRS
ge 4	1	remale	BIACK JANUARY 19 1986 YRS.	3 49
orth. Poge		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY O	OF DEATH
A C C C		mD.	WIDOWED DIVORCED BALTIMORE	
0 3 40/	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
30 70		JAST IMOVE	SINA HOSPITAL	
filled in gould be	130	STATE No COU	INTY 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET ADDRESS / ZIP CODE	21215
>		ATHER'S NAME	15. MOTHER'S MAIDEN NAME	FEIGHIS MAG
Selection of the select		FIRST	MIDDLE LAST FIRST MIDDLE	LAST
EO		LMER		thderson
Poges		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? NE WAR OR DATES] 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
4 0	F	18 CAUSE OF DEATH (Enter o	only one cause per line for (a), (b), and (c).1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
000		PART I. DEATH WAS CAUS	ATE CAUSE (0) CARDIAC-RESPIRATORY FAILURE	
000			DUE TO, OR AS A CONSEQUENCE OF	
9.5 /	1	Conditions, if ony, which	(16) SEVERE REHATURITY.	
	1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
al, co	1	underlying couse lost.	(c)	
nen plu o buri	z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART 1(o)
1191	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, Y	WERE FINDINGS USED
5 4 5 5 4	1 %		YES NO YES	ING CAUSES OF DEATH?
164+	1 1	21a. ACCIDENT WAS UNDERLYING		
11 10		OR CONTRIBUTING CAUSE OF DE		
N A	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ER) P.M. 19 21e PLACE OF INJURY 21I. LOCATION	
and or and or	뷫	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
1 0		AT WORK AT WORK	119 86 1/12	9 5 that (I) (we) lost
54 4		saw the deceased alive o	oitol) ottended the deceased from	
200	1	obove, (4) (we) (did) (did n	oot) view the body offer death.	
# 000 m		22b. SIGNOATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DESCRIPTION DESCRIP	1 1/1/86
P Story	1	274 PHYSICIAN'S NAME (TYPE		11,000
hould be der		STUART	TAYLOR NO SINAL Hopital	
5 1 3	23a.	BURIAL, CREMATION, REMOVA	L 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	COUNTY STATE
	10	reation	1-26-86 5 May Hospital "Baltin	rove Mo
6 50M 4/83	24 F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGISTRA	
15, 4)	1	Wal Ho	55Pital ADDRESS MAD & G 4008 ALLANI	Jan- Bridalle





00113	1	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE 8 6 0	7 8 2
, , ,		REGISTRAR CEASED NAME FIRST E OR PRINT)	Sellars	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
may be	3. SE	Bennye	Morris 4 RACE	McClarry 5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	11 1986
age 4 irrector		female	black	7 3 14	71 YRS.	MONTHS DATS HOURS
neral d in 72 ho	/a 8	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Ga	76 CITIZEN OF WHAT COUNT	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Baltimore city or count	
S offer of	Ba	Itimore	910 N. Mount		124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINES
n 24 hou	13a.	STATE Md	NOTHER INSTITUTION GIVE RESIDENCE IN THE BAltin	TOWN 13d INSIDE CITY LIMITS? YES 1 NO 1	910 N. Mount S	treet 2121
ompletely ond 2 s	E	ATHER'S NAME		lars Naomi	WIDDLE	LAST
on and s. Pages		WAS DECEASED EVER IN U.S. AR YES, NO OR UNIONN) (IF YES GIV	MED FORCES? 166 SOCIAL S VE WAR OR DATES) 220-12	2-5890 Roman McClar	ry 9823 Branchlė	igh Road APPROXIMATE INTERV. BETWEEN ONSET AND D
low requires that the tree is been signed by the rimit. Then please rem is prior to burial, crem is sony injury, or other t	CERTIFICATION	gove rise to immediate couse ion, stating the underlying couse lost PART 2 OTHER SIGNIFICANT OF MAIN COURT OF THE COURT O		EQUENCE OF TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	/EN IN PART TID S, WERE FINDINGS USED FYING CAUSES OF DEATH
nysicion. Incote has ransit per Hygiene 118 shows	ERTIP	21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW IN JURY OCCUR		S NO
3 PHYSICIAN TI ritending physicia er this certificate the buriot-transif and Mental Hygi ced or flem 18 sh	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH	19 211. LOCATION	CITY OR TOWN	COUNTY STA
ATTENDING spiral or o CTOR Afre d for use os of Health in 21 is mark		220.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no	tal) attended the deceased from	om	death occurred on the date and hou	19 that (I) (we or and from the couses state
HOSPITAL OR AT INNER by the hasp FUNERAL DIRECTOR before before before the Store Dept. ORTANT: If them?		228. SIGNATURE		DEGREE ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN	3/17/FU
retained by the retained by the TO FUNERAL I should be deten with the State I IMPORTANT; IF		James E	vens ms	700	Washington Blue	Bolto, A
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	3/13/86	23. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.	Anne Arundel	
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR 11171 am C. March	r F/H West 4300	D Wabash Avenue	E REC'D. BY REGISTRAR 256 REGIST	PAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 2a. DATE OF DEATH MONTH

YEAR

14

26 HOUR

86 1022 P IF UNDER I YEAR

IF UNDER 24 HRS.

R. MARROD MCCONNEIL 4. RACE 5. DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY! MONTH YEAR

DAY 24

GENGRAL HOSPITA

09

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMUNE CATE

To BIRTHPLACE (STATE OR FORE 7h CITIZEN OF WHAT COUNTRY? Pennsylvania USA

BALT

FIRST

MARRIED NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

BAUT .

CAUCASIAN

DIVORCED

(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife

76

3

12b. KIND OF BUSINESS OR INDUSTRY

BALTIMORE USUAL RESIDENCE (# NURSING) 130. STATE

ID CITY OR TOWN OF DEATH

OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN BKIT

13d INSIDE CITY LIMITS? VES IN NO ID 15 MOTHER'S MAIDEN NAME

FIRST

13e STREET ADDRESS / ZIP CODE 1324 ASTE 2 00.

MIDDLE

21061

14 FATHER'S NAME FIRST 16WIS

MA

- STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR

FEMALE

DECEASED NAME

MIDDLE н

LAST ONEVI 166 SOCIAL SECURITY NO

BLANCHE 17 INFORMANT

ADDRESS

PEYNOLOS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? I LIF YES GIVE WAR OR DATES!

578624609

Marjorie Coffy

Same as #13

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIOPULMONDA DRUZEST IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse lat. stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

CERTIFICATION PROBABLE

PREU MODIA

21e PLACE OF INJURY

SEPSIS

OF HYDRAT LOW 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

190 DATE OF OPERATION

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

19

DEGREE

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OR TOWN

211 LOCATION

COUNTY STATE

saw the deceased alive an. abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE

19 26

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

..., and that in (my) (aur) opinion death occurred on the date and have and from the causes stated

220 DATE SIGNED 14 86

that (I) (we) lost

27d PHYSICIAN'S NAME (TYPE OR PRINT)

MICHAEL

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from.

E.

22e ADDRESS 3001

23c. NAME OF CEMETERY OR CREMATORY

S. HANGVER

ODIT. MO 21230

BP

DHMH - 16 60M 7/84

FUNERAL I

shoul shoul

MPORTANI

Нувіе

00

MEDICAL

Cedar Hill Cemetery 24 FUNERAL DIRECTOR Robert E Wilhelm Funeral Home

23b DATE

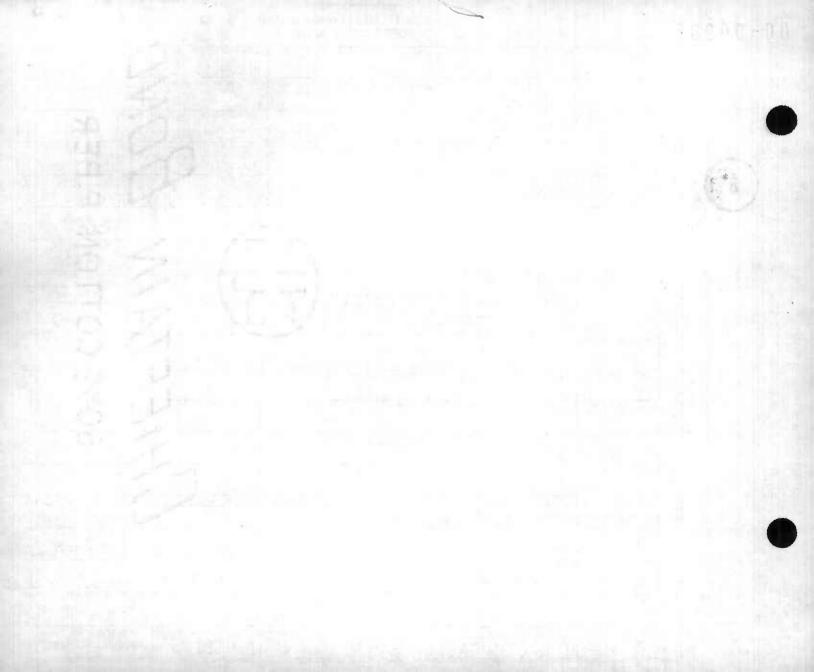
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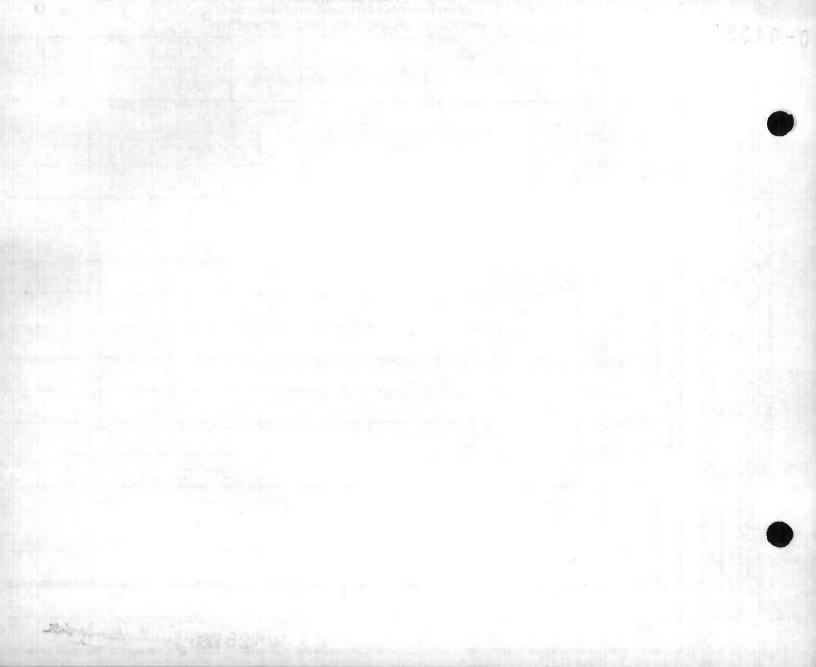
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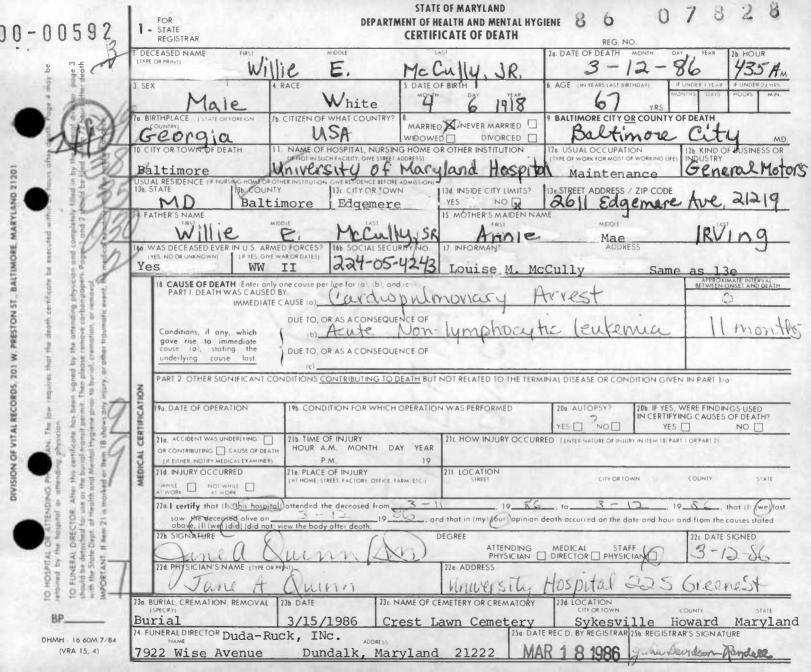
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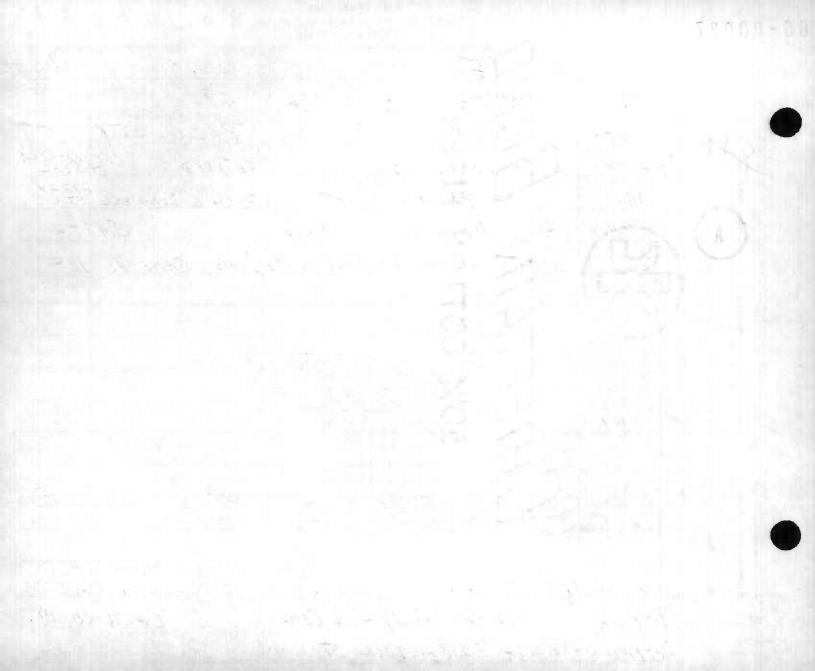
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	A SOR		22a I certify that	I took charge	e of the remains desc	ribed abov	e, held an	Autops		Inspection	□.	Inquiry L	, ond	in my ap	inian		
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFIER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2	23a.B	JRIAL, CREMATION,	REMOVAL 2	b. DATE	23t. N	AME OF CEM				23d. LOCA	TION		COUN	177	STA	
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25M			JNERAL DIRECTOR	-			- CALOL			Sa. DATE RE	C'D. BY RE	GISTRAR	256 REGIS	PAR'S S	IDNATI	A STAN)—
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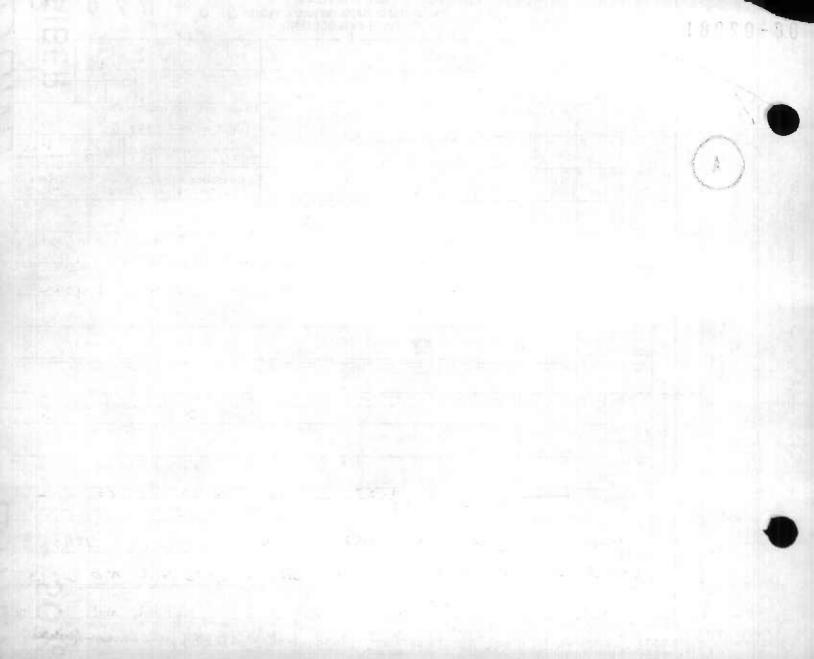
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FVIT	WOR NOR NICH	ERT	21a EXTERNAL CAU	ISE WAS	21b. TIME OF		21c HC	OW INJURY OCCURRED (EN	TER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART	
NON	STAR STAR	ALC	UNDERLYING CONTRIBUTING	OR CAUSE OF E		3-28-19 8	86 S1	ubject shot.			
DIVISION	FR. THIS CERTIFICATE SHOULD BE EXECUTED WATE, WRITING THE WORD "PENDING" IN PENORWARDED TO THE CHIEF MEDICAL EXAMINA, PR. PAGE 3 SHOULD BE USED AS A BURIAL-TRE STATE DEPARTMENT OF HEALTH AND MENUD, 21201 PRIOR TO BURIAL, CREMATION, OR	MEDICAL	214 INJURY OCCUR		21e PLACE C		211 LO	CATION TREET 00 Manordene	Rd.,Balto	COUN	NTY STATE MD
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	MINITED BE F		death resulted fram	n: Notur	al causes ,	Accident , S	vicide 🗌	, Homicide X. Un	determined manner	□.	
•	L EXAMINER: E CERTIFICATE, DULD BE FOR! L DIRECTOR: H, WITH THE S MARYLAND,		ACTUAL	IM	War	h		TITLE (SPECIFY) D Assistant_M		DATE SIGNED	3-30-86
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	DX ADA A	(:	URIAL, CREMATION,	REMOVAL 2		23c. NAME OF CE			LOCATION CITY OR TOWN	COUNT	TY STATE
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2071	DHMH - 17 (VR A15 ME (5))		NAME	H F/F	ADDRESS	101 E.NOR	חבן א	188 A	7 1986	J. J. L. Waller	- Jandalle
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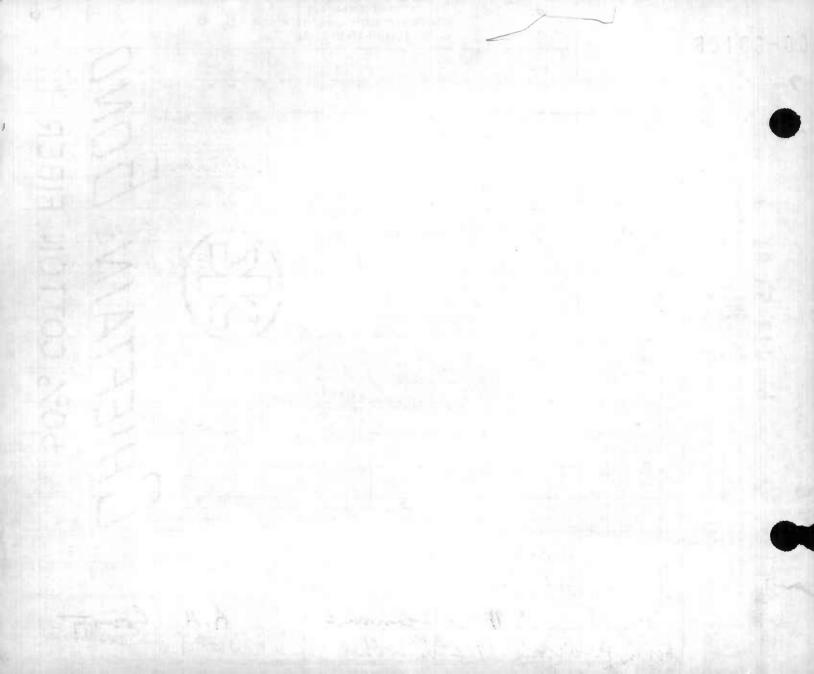
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. Charles Aleco

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THE THE THE STATE STATE X Fredrick



page 3

FOR

1. DECEASED NAME

REGISTRAR

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1 - STATE

TYPE OR PRINTS

3. SEX

STATE OF MARYLAND

MONTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

2a. DATE OF DEATH

March

& AGE (IN YEARS LAST BIRTHDAY)

REG. NO.

MONTH

14

1986

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SICIAN The low requires III and Calificate be executed without 24 hours after death. Page 4	ing physicion. certificate has been signed in the formulant physician and completely filted in by the funeral director	5

DIVISION OF VITAL

16 06 TO BIRTHPLACE (STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. MISSI. BALTIMOREM MARYLAND WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE BALTIMORE DEATON MEDICAL N/A CENTER 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13d INSIDE CITY LIMITS? BALTIMORE MARYLAND 611 SOUTH CHARLES YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE NATHANIEL HATTIE **EVANS** ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 416-10-2251B JOHN MCILWAIN 706 MONTPELIER ST. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which b) Cardiac gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF cause lost underlying atheroclusions severe PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION dicultities ulcers 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 11d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM, ETC) STREET morked NOT WHILE march OCTUBER 220.1 certify that (1) this hospital) attended the deceased from_ saw the deceased alive on 2 36 abave (1) (we) (did) (did not view the body after death. , and that in (my) (our) opinian death occurred on the date and hour and fram the causes stated 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTAN 22e ADDRESS should by E. West Street, 107 Hooper, mp. 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY EASTVIEW

BP DHMH - 16 60M 7/84 (VRA 15, 4)

BURTAL 24 FUNERAL DIRECTOR W.C.MARCH F/H INC. 1101 ENORTH AVE. BALTIMOR

22c. DATE SIGNED

STEEL SECURIOR MONTH TO THE STEEL ST THE STATE OF THE S

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1				STAT	E OF MARYLAND						
1. 7	1-	FOR STATE REGISTRAR	DEPARTA		IEALTH AND MENTAL HYG	IENE 8 6	0	7	3 3	8	
/		CEASED HAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	0	
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1	3. SE		4 RACE	5 DATE O	The second secon	6. AGE (IN YEARS LAST BE		1986 FUNDER I YEAR	IF UNDER 24 H	RS.	
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21	-	RIHPLACE (STATE OR FOREIGN	White 7b. CITIZEN OF WHAT COUNTRY?	Nov	. 17 1894	91 9 BALTIMORE CITY O	YRS	DEDEATH			
56		COUNTRY)			D NEVER MARRIED			OF DEATH			
1		Maryland	USA	WIDOWE		Baltimor		T		MD.	
11			11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		12a USUAL OCCUPAT		INDUSTRY	F BUSINESS	OR	
0		altimore	Melchor Nurs	ing H	lome	Retired L		Calv			
12	30 S	AL RESIDENCE (IF NURSING HO STATE	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE OUNTY 136. CITY OR TOW		1136 INSIDE CITY LIMITS?	Operat 13e STREET ADDRESS	Or ZIP CODE	Dist	illers		
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10	14) FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAS			
30	1	Thomas	Patrick Doyle	e. Sr	Margar et	WIDDIE		Mai			
6		VAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDR	\$5	TATEL			
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7			er only one cause per line for (a), (b), and		Catherine	21093	420 CI		IMATE INTERVAL ONSET AND DEA		
		PART I. DEATH WAS CA	USED BY.	arril	-	21093		BETWEEN	ONSET AND DEA	TH	
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	10		DUE TO, OR AS A CONSEQUE								
	6.7	Canditions, if any, which gave rise to immediate	h (b)								
		cause (a), stating th	DUE TO, OR AS A CONSEQUE	NCE OF							
		underlying cause last.									
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
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7	RTIF					YES NO	YES		NO 🗌		
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			id not) view the body ofter death.		DEGREE	and the d		22c DATE		_	
		THE SIGNATURE	JON Foundands		ATTENDING	MEDICAL STA	FF	ZZC. DATE	1		
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		22d PHYSICIAN'S NAME (. 11		22e ADDRESS	1012	QII.	A.1'			
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	23a. B	SURIAL, CREMATION, REMO	VAL 236. DATE 23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				_	
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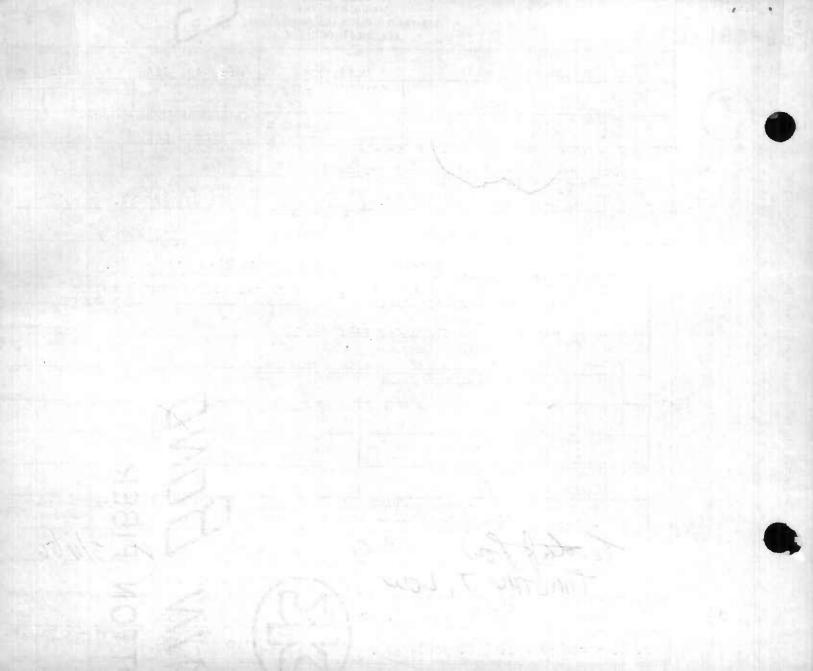
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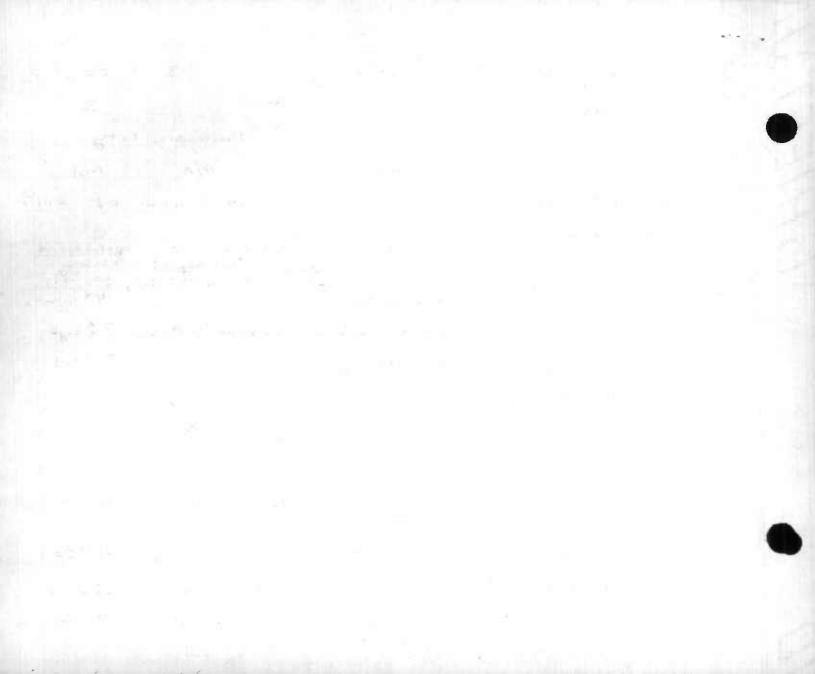
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STATE OF MARYLAND

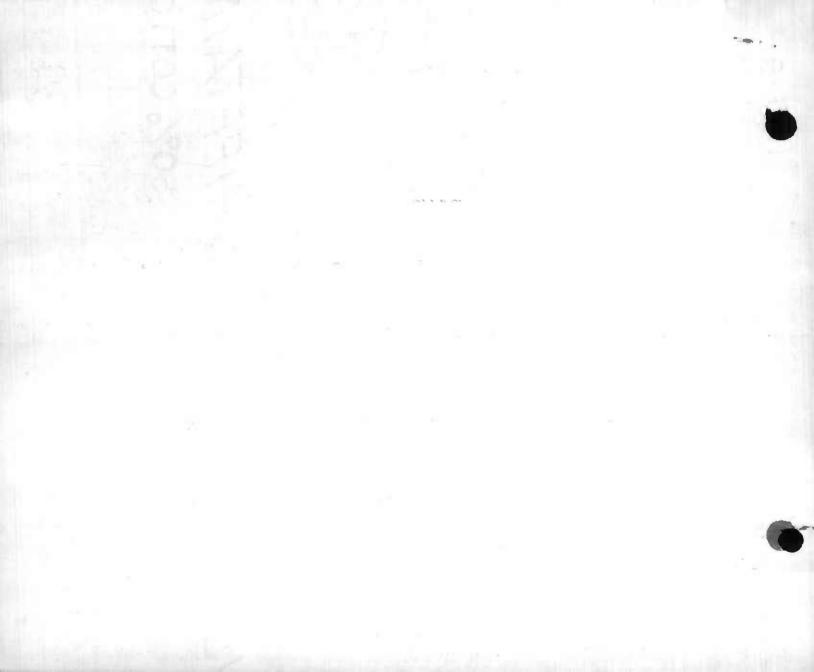


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nsit per Agiene shows	E E				YES NO		NO 🗌
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5 4 2 X	23e. I	BURIAL, EREMATION, REMOVAL	23b. DATE , 23c/NAME OF CEN	ETERY OR CREMATORY	MASE LOCATION	7/	
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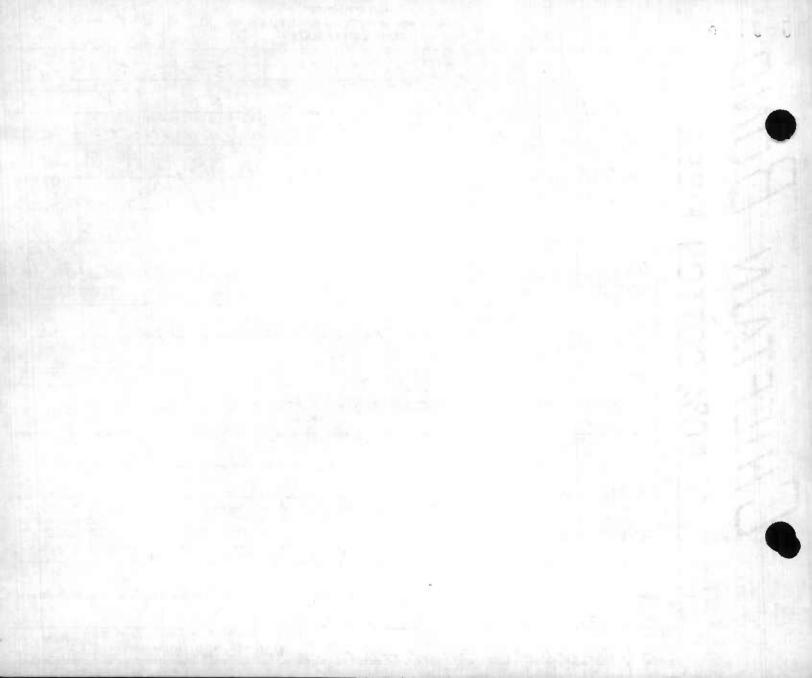
STATE OF MARYLAND



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		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR					
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s the	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE, EARM, ETC.)	STREET.				
Africa Af		22a.1 certify that (1) (this hospi		m_ 3/	19 8	6 to 3/5		86 , that (I) (we) last	
Porter of H		saw the deceased alive an	3/5 1 It) view the bady after death.	986,0	nd that in (my) (aur) apinio	in death accurred on the de	ate and haur and	d fram the causes stated	
DIRECTOR DEPT		22h SIGNATURE	A A		DEGREE			22c. DATE SIGNED	
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of 0 43 M		BURIAL, CREMATION, REMOVAL	23b. DATE 2	3c. NAME OF	EMETERY OR CREMATORY	23d LOCATION			
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MH - 16 50M 4/B3	24 F	UNERAL DIRECTOR SOL I	EVINSON & BROS	S., INC.	25a. D	ATE REC'D. BY REGISTRAR		'S SIGNATURE	
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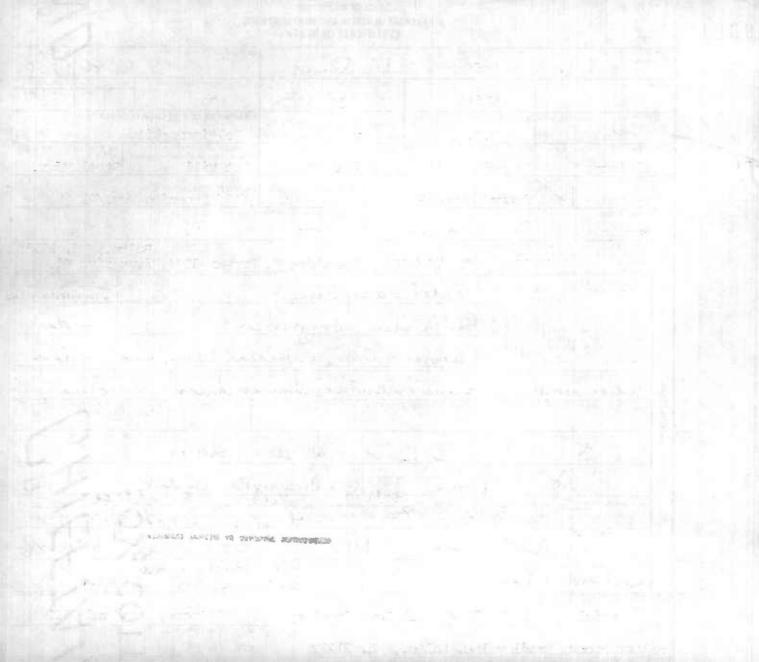


	1		STATE OF MARYLAND	0 6 0	7 2 4 3
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1911/	3	OR CONTRIBUTING CAUSE OF DEATH	P.M. 19		
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2 4 4 6	1	saw the deceased alive an above, (1) (we) (did) (did nat	the body after death. ond that in (my) (our) apinion	n death occurred an the date and hou	and fram the causes stated
Dept of Party of Part		22b. SIGNATURE	DEGREE		220 DATE SIGNED
		1 1/2	M) ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	13/20/30
Late State		224 PHYSICIAN'S HAME TYPE OR	PRINT) 22e ADDRESS		
		Moges	O'ebremanar		
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	1 - STATE	DEPA	ARTMENT OF HEALTH AND MENTAL HY	GIENE 8 6	7844
1-11211	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1 DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR AM
1 11	HORAG	2.2	McMillAN	03.	12 86 120 m
	1.5EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
-1 (10)	Mala	Black	03-25-1898	87 YRS	
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11/00/	O CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1 1 90	Battimore	JOHN L. DE		retired	(LIFE) INDUSTRY
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1 12 17	FATHER'S NAME		15 MOTHER'S MAIDEN N.	AME	NA BITTE
3 1 11/1/0	Isaac	MC Mi	llan Haggie.	MIDDLE	Jackson
	I WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	SECURITY NO 17 INFORMANT	ADDRESS	OUCKSUN
9 1 10 12	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	9-2163 Greorge W.	Mc Millan 400	of Countles od
1 11 1				M- Fillian 400	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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12 112 1	210. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM)	
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4 4 4 4 4 4 4 4 4		oital) altended the deceased fro	om 5 Mariel 1986	10 12 hearde	that (I) (we) lost
AT DIE GO	saw the deceased alive a		1//	death occurred on the date and h	our and from the causes stated
19 HILL 17	22b. SIGNATUR	on view the body offer death.	DEGREE	/	22c. DATE SIGNED
Of all a	X) Kead	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/12/81
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		I. DEC	CEASED NAME FIRST	MIDDLE	i	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
	oy be age 3 death		OR PRINT) Jack	Moffet	M	e Queen	3	16 86 1:20 PM		
	mo)	3. SE X		4 RACE	5. DATE C		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
	pe 4		Male	White	2	15 1907	79 YRS			
•	2 08 610		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH		
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1	10 10 10 10 10 10 10 10 10 10 10 10 10 1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR		
(5A	110/		altimore	Francis Scott	t Key Med	dical Center	Hot Mill	Steel Mfgr.		
1	1 13 101	USUA LL S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
S	きまえつ			timore Dunda		YES NO X	6936 Broening	Hwy./21222		
3.A.C.	2 si	14. FA	THER'S NAME	MIDDLE LAS	ST.	15 MOTHER'S MAIDEN NA	AME	1241		
MA	w per mple		Emmett	McQue		Dora	E.	Saltsman		
RE,	d in the contract of the court		/AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS Ba	alto., Md. 21219		
I.W	n and a Pages				9/4904	Josephine P.	Brewer 3204 Riv			
BALTIMORE	hysicia papers novol.		18 CAUSE OF DEATH (Enter on	nly ane cause perhae far (a), (b), and (c),)			SETWEEN ONSET AND DEATH		
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NO	h ce corbing or c			DUE TO, OF S A CON	SEQUENCE OF		**			
EST	deat bye of fron,	1	Canditians, if any, which	((b) Brace	~ Stem	compress	ion	5 days.		
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DIVISION OF VITAL RECORDS,	8 == ==	CERTIFICATION	Culiec arrist	umer, driven	3.	reluce preluns		ES, WERE FINDINGS USED		
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	7 E 7 E 0 E		Ku ((Mu		ALL NINK	MEDICAL STAFF DIRECTOR PHYSICIAN	3.16.96		
	SPITA Sport		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	7/10/1	1220 ADDRESS 494-				
	TO HOSPITAL retained by the TO FUNERAL should be detrought the State IMPORTANT:		Richard C	Then		But		21224		
	5 g 5 g g g g	23a B	URIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	1234 LOCATION			
	ВР		Burial	3/19/1986	Oak Law	n Cemetery	Baltimore, Ma	aryland 21224		
	DHMH - 16 50M 4/82		INERAL DIRECTOR			250/DA	TE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE		
	(VRA 15, 4)	Wa	lter Brooks Br	adley Inc. Ba	ito., Md	. 21222	AKCH 10			



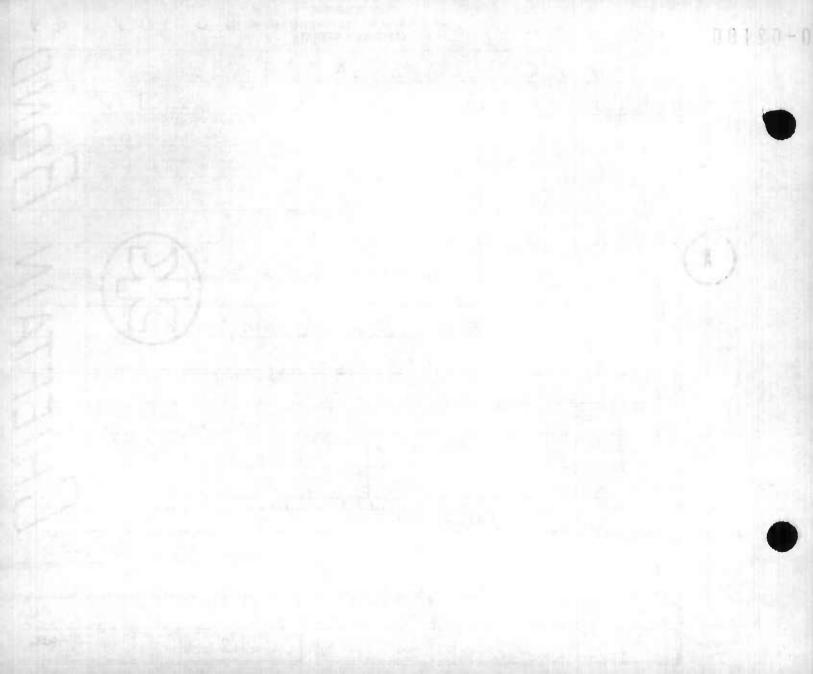
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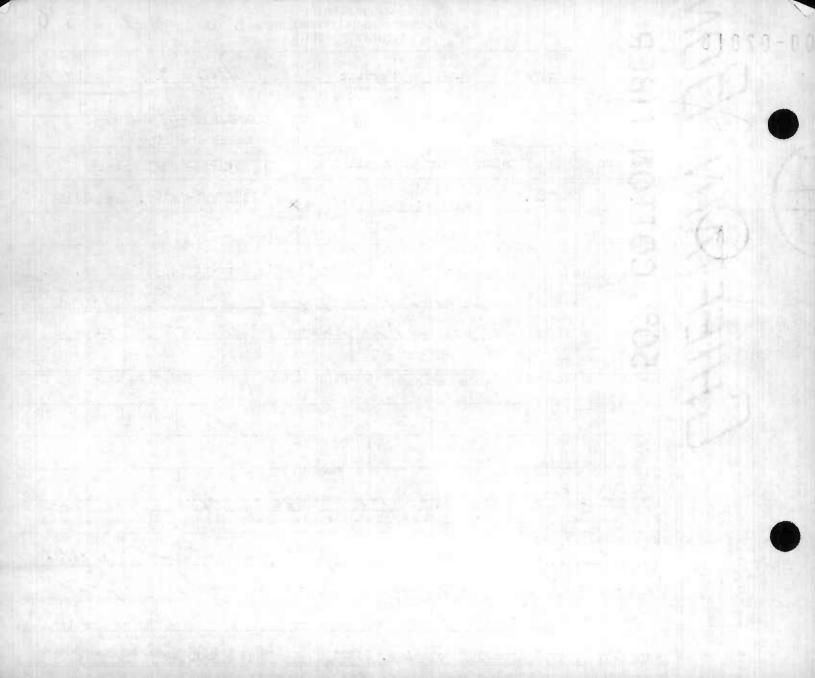
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BALTIMORE, MARYLAND 21201	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., E	
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n n -	02018	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0		7
5 0	0 2 0 . 0		CEASED NAME FIRS	51	MIDOLE	(AST	20. DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
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AND 2120	24 havrs	030 134	AL RESIDENCE (IF NURSING HE STATE	ME OR OTHER INSTITUTION	136. CITY OR TO	OWN	13d INSIDE CITY LIMITS? YES NO	13: STREE APPRESS	d Pt.	Road 2	1224
RYL/	1 16.00	JUNE .	ATHER'S NAME	MIDDLE	tast.	The same	15 MOTHER'S MAIDEN NA	AME MIDDLE	12.15	LAST	
AA	Pa (A A	1	John	C:	lautice			unknown			
ORE,			WAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SE	ECURITY NO.	17. INFORMANT	ADDRE	SS	UT HERE	
BALTIMORE	9 0 4	1	No	,	216-12	-5204	Elmer Franc	is Merritt	15 Is	land Pt	. Rd.
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T.	a phy an pop emo even			EDIATE CAUSE (a)	Candi	opulan	ENDRY Ann	357		160	ron
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	equires n signe Then pl	NO	PART 2. OTHER SIGNIFIC.	ant conditions	CONTRIBUTING T	TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVE	EN IN PART 110	
I RECORDS,	no. no. permit ne prior nws ony	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	YES NO		WERE FINDING	
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OF.	Sician og phy gentider rigil-tre ental Hem 18		OR CONTRIBUTING CAUSE	OI DEATH	A.M. MONTH P.M.	DAY YEAR					
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DIVISION OF VITAL	offen aften s the s and rked	X	WHILE NOT WHILE I	(AT HOME S	TREET, FACTORY, OFFI	CE, FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
ā	Or		220.1 certify that (this	haspital) attended t	the deceased from	m. 3/	19.86	10. 3/2		086 11	hat (Ti Zwe) last
	TOR TOR		saw the deceased ali	ve on3/	28/ 19	40//	nd that in (my) (our) apinion	death occurred on the d	ate and hour		
	A COSP		obove, (I) (we) (did) (d	did not view the bod	ly after death		DEGREE			22c. DATE S	IGNED
	the h		Finding &	Makes	Marte.	de	ATTENDING PHYSICIAN	MEDICAL STA		3/2	8/86
	HOSPITAL Ined by the FUNERAL old be det of the Stote	1	228 PHYSICIAN'S NAME	A Comment of the Comm	/		22e ADDRESS	_ JIKECTOK _ TIMBE		1	100
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	5 5 - 2 3	23a.	BURIAL, CREMATION, REMO	OVAL PO DATE	2:	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	BP		Burial	3/3	1/86	Parkwo	od Cemetery			ore Mary	yland
	DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		ADORES		A	TE REC'D. BY REGISTRAR	1		
	(VRA 15, 4)		Connelly Fund	eral Home	300 Mac	e Ave.	21221 A	PRO 1 1986	gunar	avidson-N	NIKATOLE .



1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the integer place of the control	R. R. W. W. C.
should be detached for use as the burial-transit permit. Then till the second of	Company of the Control of the Control of the dec
with the State Dept. of Health and Mental Hygiene prior is the state of crandition and an extension of the state of the st	ryshare
IMPORTANT If hem 21 is marked or them 18 shows ony intuit an other training	とかはなるとうないのであることであると

DN ST. BALTIMORE, MARYLAND 21

DIVISION OF VITAL RECOIDS

4		EASED NAME	FIRST	,	MIDDLE	L-	AST .		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	_
1	TTYPE	BARRY		arnol	d	MERRY	MAN	-3160	FEBRUARY 2	7,1986		02:50A	M
1	J SEX			4 RACE	DH L	5 DATE O			6 AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HR	_
1	1	Male		Whi	te	Nov.	10°,	1957	28	YRS	HS DATS	HOURS MIN	
1	7a Bil	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	- D NEVER	MARRIED T	9 BALTIMORE CITY C		DEATH		
4	E.	Pa.		U.S	. A .	WIDOWE		DIVORCED [BALTIMORE	CITY		M	D.
1	D CI	TY OR TOWN OF DEA LTIMORE	ATH /		HOSPITAL, NURSI H FACILITY GIVE STREE HOPKINS I			STITUTION	126 USUAL OCCUPATION OF WORK FOR MOST COMMON TO MANAGE	ON F WORKING LIFE)	126. KIND C INDUSTRY	E BLISINESS O	
7	USUA Da S	L RESIDENCE (IF NURS	ING HOME OR IND COUN CEC	OTHER INSTITUTION	GIVE RESIDENCE BEFO	East	13d INSIDE	CITY LIMITS?	32 REEL ADRESS				
7) FA	THER'S NAME Eugene	Mer	ryman	LAST		15. MOTHER	Ruth	Bryan MIDDEE		LAS	1	
-	60 W	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	210 - 50		Rut	h Perki	s 32 Calc		Or.	21901	
I		18 CAUSE OF DEAT PART 1. DEATH W	AS CAUSE	ly one cause per D BY: E CAUSE (a)	line for ial, (b), o		ARY	ARRES				MATE INTERVAL ONSET AND DEATH	=
ı					RAS A CONSEQU	JENCE OF							
4	製	Canditians, if any,			PNEUMO		- CAR	RINII			5	HONTHS	
١	tr.	gove rise to imm cause (a), statin	ig the	DUE TO, OI	R AS A CONSECU	JENCE OF							
ł	100	underlying cause	lost.	((c)_	AIDS	Acquir	Imm	ione Octici	cry Syndram	5	5	YEARS	_
1	7	PART 2 OTHER SIGN		ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	ED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN I	IN PART I	a	
4	TIO	NONE	Marie Control	10h CONDI	TION FOR WHICH	U OBERATIO	LIMAC DEDC	ODMED	20a AUTOPSY?	20b. IF YES, W	EDE EINION	100 1100	_
	CERTIFICATION					H OPERATION			YES NO	IN CERTIFYING	G CAUSES		7
		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	(31	M. MONTH	DAY YEAR	21c HOW	INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IB PART I	ORPART 2)		
	MEDICAL	21d INJURY OCCURE	THE	21e PLACE (OF INJURY EET, FACTORY, OFFICE.	FARM, ETC)	211 LOCAT		CITY OR TO	wn	COUNTY	STATE	
		22s.I certify that (1) saw the decease above, (1) (we) (c	ed alive on	2/27/	86 10		86 d that in (my	y) (aur) apinian d	eath accurred on the de	te and have an		that (I) (we) lo	st
		226. SIGNATURE	id 7	R. 73	Low-	MO	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE 2/	27/86	
		22d. PHYSICIAN'S NA		PRINT) 2. BR	Lown		JOHA	ESS	us Hospital		MORE	HDZI	205
		URIAL, CREMATION, SPECIFY) Cremati		23b. DATE 2-27-	-86 R		erris	R CREMATORY	We's toweh	ester	Ches	termPa	=
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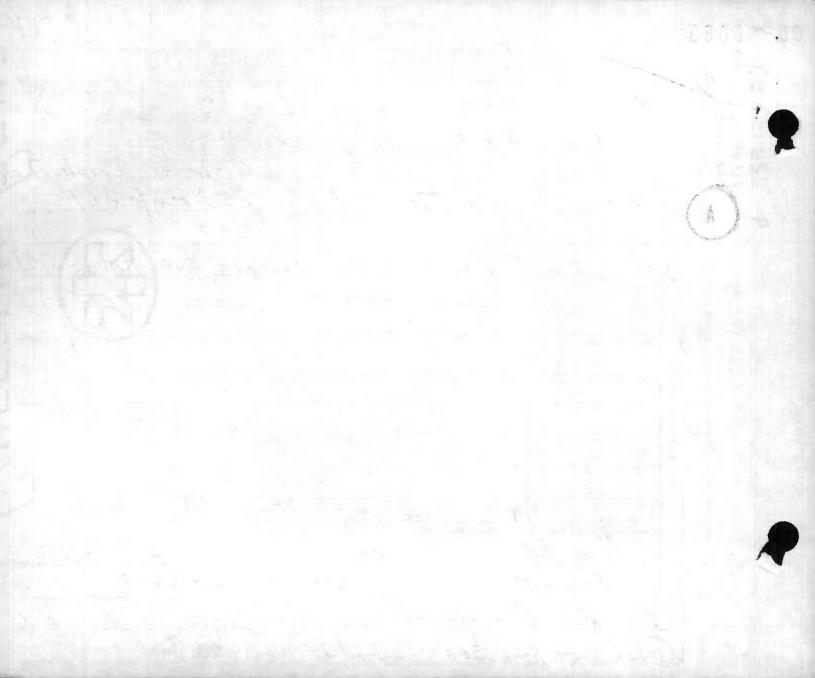
Funeral Home North EAst,

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR HORACE MILBURN MARCH 9. 1986 2:08 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 7a. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED D 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 0 THE JOHNS HOPKINS HOSPITAL BALTIMORE JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 113d INSIDE CITY LIMITS? FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST LAST 160. WAS DECEASED EVER IN U.S. ARMED EORCES? 166 SOCIAL SECURITY NO 17 INFORMANT AYES, NO OR UNKNOWN) (IF YES, GIVE WAR OF PATELLE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BYardiopulmonary IMMEDIATE CAUSE (a) shuck Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause plec PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES IN NOT YES [NO [21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 0 (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET FACTORY OFFICE, FARM ETC) STREET STATE NOT WHILE 220.1 certify that (1) (this haspital Attended the deceased from 60 10 86 sow the deceased alive on_ and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNA DEGREE M.D. ATTENDING MEDICAL D FUNERAL Inould be deta PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSIC 22e ADDRE ORT 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE DHMH - 16 60M 7/B4 Suria Decidor (VRA 15, 4)



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5	1-	FOR STATE REGISTRAR	DEPA	REG. NO.) / 0	97		
1		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 2	h HOUR
	litte	ESSTI	F	мт	LT.ER	March s	1986 -	S: OO AM
	3 SEX		4. RACE	S. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	F UNDER 24 HRS
		FOMAJO	Black	Or 1	23- 1901	84 YR		HOURS MIN.
-	la BII	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		
1		5.C.	71. S. A.	WIDOWI		BALTIMORE CITY	- HEALT	MD.
Ĵ.	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF	BUSINESS OR
4		ALTIMORE AL RESIDENCE (IF NURSING HOME OR	UNION MEMORI		ITAI.	Homewaker	47 4	ome
1	13a S	STATE 136 COUN			13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO		
2	14.51	Md.	13214	imore	YES NO	VIIW. CENER	est. 312	201
	14. FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA.	ME MIDDLE	LAST	
		UNKNOW	N		JAKNO	DWN		
			MED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRESS	4 0	
		ves win	1. I 218-22	6305	LOIS SPEN	CE 808 E 1204	w.St.	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b)	ond ic	٨		APPROXIMA BETWEEN ON	ATE INTERVAL
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			DUE TO, OR AS A CONSE	OUENCE OF				
		Conditions, if any, which gove rise to immediate	(b)	(2,1	. maligna	ney		
		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	OUENCE OF			E 10 10	
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	CERTIFICATION	PART 2 OTHER SIGNIFICANT (Advanced	OLAL BUT	, Malnutrit	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
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100	RTIF					YES NO DO	YES 🗌	NO 🗌
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
7	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				- 16.0
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	ICE FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
		AT WORK NOT WHILE AT WORK		A:				
		220 1 certify that (I) (this hospi		CII	ch 9, 19 86	10 March J		ot (1) (we) lost
	-20	above, (1) (we (did) (did no	ti view the body after death.			death occurred on the date and		
		22b. SIGNATURE	17		DEGREE ATTENDING	_ MEDICAL STAFF	22c. DATE SI	GNED
		THE PHYSICIAN'S NAME LIVE O	Membo		PHYSICIAN [DIRECTOR PHYSICIAN	7 1 3/5	186
И		THE WHISTIGHAM S MANYE (TYPE O	OR PRINT)		22e ADDRESS	0 111	a A	
4		1 / Vohr	1. Scrlemets		MUNION	1 emoved the	reprivat	
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	131 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	24 51	JUPIA!	13-10-86	22/to/	at. CNOty,	Baltimore	2,	Nod.
	24 70	NAME OF LAND	0 4 00' PADDRE	55	250. DAT	E REC'D. BY REGISTRAR 256 REG	SISTRAR'S SIGNATUR	RE
		ranasyde	HI CONVICKAY	31 E.O/	LUCP St. MAR	1 / 1986 (1%)	Maridan P.	des

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

TO HOSPITAL

BP.

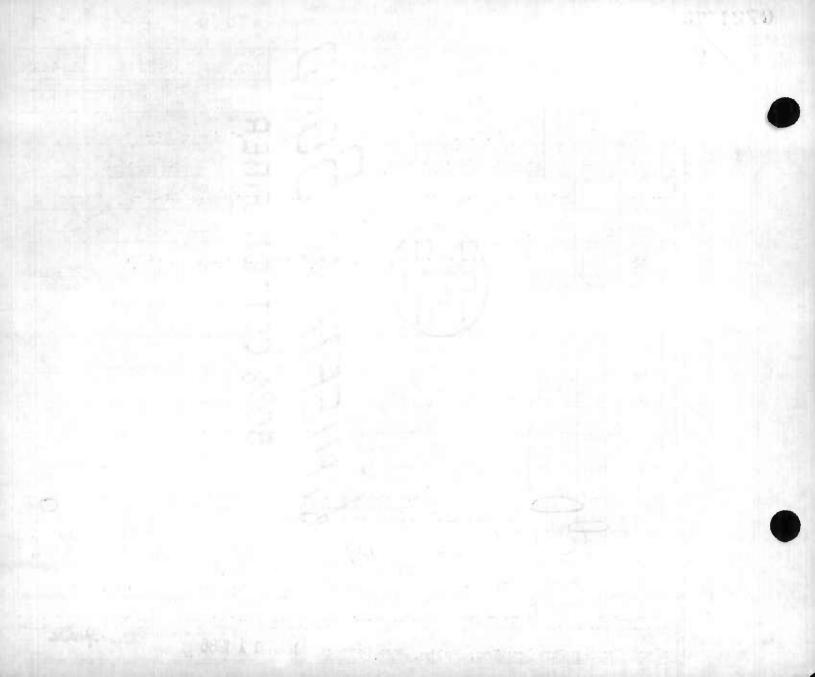
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8607854 France Diack Car so me THE METHOLEN FREDERICE mile - Darkinger + Minde Contract See good WARRANTH BARRAN BARRAN YES SHIP IN A STREET LAS STREET STREET OF MINES Waster 316 St. War Nove Dougland Containing Containing - VENTSALE MERCHEN CHICAGO, ME 12 WET CHICAGO,

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR



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	STA	ATE	OF	M	ARYL	AND	
EPARTMEN'	T OF	HE	AL	TH	AND	MENTA	LHYGIENE

	1-	FOR STATE REGISTRAR		DEPARTMENT OF CERT	HEALTH AND MI		IENE 8 6	0.	/ 0	3 0
		CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH	3 21	11	26 HOUR 34
		JAMES			ILLER JR		2	UNDER I YEAR	8 PM	
,	3 SE)	X	4 RACE	S. DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIR	HOURS MIN.		
		MAle	Black	9	29	31	54	YRS		
and go		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	NEVER MA	ARRIED -	BALTIMORE CITY	R COUNTY C	FDEATH	
		outh Carolina	U.S.A.	WIDOV	VED DIVO	DRCED [BALTIMORE	CITY		MD.
	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTIT	UTION	120 USUAL OCCUPATI		12b. KIND O	OF BUSINESS OR
1	BA	LTIMORE	UNION MEMO		PITAL		LABORER		BETH	STEEL
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD	NTY 131 CITY	ence before admission OR TOWN timore	134 INSIDE CITY	Y LIMITS?	130 STREET ADDRESS A	ZIP CODE 33rd S	itreet	21218
	14 FA	ATHER'S NAME		1	15 MOTHER'S A		ME			
C		JAmes	Mable	LAST	Henri	ietta	MIDDLE		Miller	r
	160 V	VAS DECEASED EVER IN U.S. AR		TAL SECURITY NO.	17 INFORMAN	T	ADDRE	SS		
	()	YES NO OR UNKNOWN) (IF YES, GI	ve war or dates) 247	-46-5501	Joseph	ine Mi	iller 1811 (East 33		
		IB CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		orchie	arrest				BETWEEN	IMATE INTERVAL ONSET AND DEATH
	No	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	Cerchar ONSEQUENCE OF			inal disease or con	DITION GIVEN	N IN PART 11	0
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATI	ON WAS PERFORM	MED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
	CAL CER'	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO		R	JRY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	1 + OR PART 2)	
	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR		211 LOCATION	1	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (1) (the hosp saw the deceased alive ar obove, (1) (we) (did) (did no 22b. SIGNATURE	321	10 86		19 Ho	death accurred on the de		and from the	
		I Che			PH	TENDING IYSICIAN	MEDICAL STAI	FF IAN []	22c. DATE	21.86
1		22d. PHYSICIAN'S NAME (TYPE OF	CHEIKI	N	22e ADDRESS	160	enir PKW,	y B	re l'o	2/218
		BURIAL, CREMATION, REMOVAL			CEMETERY OR CR		23d LOCATION		COUNTY	STATE
		BURIAL	3/26/86	Eastvi	iew Memor		(Baltimore	2,		Md.
1	24. Ft	INTRACTOR				25 of 10 A T.E	E DECID BY DECISTRA	166 DEMACTO	D'C CHENNAT	LIDE

March FUneral Homes 1101 East North Avenue



		STATE OF MARYLAND		7 3 5 9
TO 113 STATE	DEPA	RTMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT	0 -	1000
J J J REGISTRAR			REG. NO.	
1. DECEASED NAME FIR		LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
MARGUER	ITE R.	MILLER	March 19, 1986	M
3 SEX	4. RACE	5. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
Female	White	May 15, 1892		ONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREK	Th CITIZEN OF WHAT COUNT		93 YRS.	OE DEATH
COUNTRY)		MARRIED NEVER MARRIE	ED 1 1	
Maryland	U.S.A.	WIDOWED M DIVORCE		MD.
10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIVE ST	RSING HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
Baltimore	5311 Hamlet	Ave.	Housewife	I I I I I I I I I I I I I I I I I I I
	OME OR OTHER INSTITUTION, GIVE RESIDENCE B		THE CAREET ADDRESS A 712 CODE	
Maryland	COUNTY 13c CITY OR T			re. 21214
14 FATHER'S NAME	202 02	15 MOTHER'S MAIL		ZIZIT
Charles	MIDDLE	FIRST	WIDDLE	McCaul
160 WAS DECEASED EVER IN U	McCour		ADDRESS	Mecaul
	YES, GIVE WAR OR DATES)			"
No	212-0	9-9149 Mrs. To	eresa M. Klein Same	
18 CAUSE OF DEATH (E	nter anly ane cause per line far (a), (b)	, and Ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS (MEDIATE CAUSE (a) Cardi	1) resperatory ares	T	Ih.
	DUE TO, OR AS A CONSE	OHENCE OF		
Conditions, if any, wh		whized ASCUD		2415
Conditions, if any, wh gave rise to immedi cause (a), stating	ote			
underlying cause le	ost.	OUENCE OF		
PART 2 OTHER CICNIEV	CANIT CONDITIONS CONTRIBUTION	TO DEATH BUT NOT BELATED TO TH	HE TERMINAL DISEASE OR CONDITION GIVE	ALIAL DADT 1
	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE OR CONDITION GIVE	IN IN PART 116
190 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
SE SE				ING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLY	ING 216. TIME OF INJURY	I 214 HOW IN IURY	YES NO YES	
7 3		DAY YEAR	CCOUNTED (EMERIANITHE OF MAJOR) HATTEM TO PA	KI (OK PAKI 2)
(IF EITHER NOTIFY MEDICALE		19		
OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE: 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE AT WORK				
	hospital) attended the deceased fro		7V , to 3-19 1	
saw the deceased a abave, (1) (we) (did) (did not view the bady after death.	9, and that in (my) (aur) o	opinian death occurred on the date and havi	and fram the causes stated
226/SIGNATURE		DEGREE		22c DATE SIGNED
pune t.	unrelan	ATTENI PHYSIC	DING MEDICAL STAFF	3/19/01
Jaime M.		22e ADDRESS		11/18/69
Jaime M	Punzalan, M.D.	5214 F	Harford Rd.	
23a BURIAL, CREMATION, REM		23c NAME OF CEMETERY OR CREMA		
(SPECIFY)	3_22-86	New Cathedral	Baltimore, Ma	COUNTY STATE
Burial 24 FUNERAL DIRECTOR	3-22-00		250. DATE REC'D. BY REGISTRAR 25b. REGISTR	
84 NAME	ADDRE			AR'S SIGNATURE
Leonard J.	Ruck, Inc. Balt	imore, Md.	MAR 2 1 1986	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1

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		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE															
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065007	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE VINCIUM A MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										5						
ly .	(TYPE OR PRINT)	IAME FIRST		MIDDLE LAST 20. DATE KNOWN OF ESTI-							MONTH	DAY	YEAR	2b. HOUR			
28 X H		AUT		6	MI	LLE	8			DEATH M	ATED	33	15	88	_ A		
25 Z 2 E	3 SEX	4 RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEAR		DER 1 YR.	IF UNDER	24 HRS.	26. DATE	n 1	MONIA	DAY	YEAR	2d HOUF		
87358 K	Femal	e White	6 16	14	71 YRS	MOTTH	DATS	HOURS	WIN	DEAD	3	3	. 1	986	10 AN		
A REAL PROPERTY.	78 BIRTHPLAC		7b. CITIZEN OF W	HAT COUN	VTRY? 8	MARRIE	D NE	VER MARR	IED 🗆	9 BALTIMO	E CITY OR	COUNTY	OF DE	ATH	77		
AND SER	Penns	ylvania	t	JSA		WIDOW		DIVORC		Balti	more	City			МГ		
が発展を	10. CITY OR TO	WN OF DEATH	11. NAME OF HO	SPITAL, NU	RSING HOME,	OR OTHE	R INSTITU	TION		JAL OCCUPAT		F WORK	ORK 12b. KIND OF BUSINESS OR INDUSTRY				
No and	Bal	cimore	4 Greenwood Road 21208 For Most of Working Life Housewife									OK II	VDU31K	(1			
MAIN PARTY DELA	USUAL RESIDE	NCE (IF IN NURSING HO	ME OR OTHER INSTITUTION, O				and the fact	IPV I IALIZES	lia cro	CET ADDRESS							
ST SAME	Maryla		UNIT	Baltimore				13d. INSIDE (ITY LIMITS? 13e STREET ADDRESS YES NO						ree+ 21211			
A 25 8 4 6	14. FATHER'S N	IAME					15 MOTHE	ER'S MAIDE									
# # # # # # # # # # # # # # # # # # #	Robe	ert	MIDDLE		dman			ıma.		MIDD	LE .	0	LAS				
0 00250	160. WAS DECE	ASED EVER IN U.S.			CIAL SECURITY	NO.	17. INFORA				ADDRESS	0	Oerman				
TAN TOUS	(YES, NO, OR U	NKNOWN] (IF YES, C	IVE WAR OR DATES)	WAR OR DATES) 216-12-3291				Barnho	ouse	4 Gree	hoown	Rd	21208				
# NOTE # 1	18 CAU	SE OF DEATH (Enter	anly ane cause per line	e for (a) (b) and (c))							2104	APPR	OXIMATE	INTERVAL		
THE SECOND	PAR	I DEATH WAS CAU	SED BY:	Ontra	200	2	Ac V	100-0	h	6			BETWEE	N ONSET	AND DEATH		
O MAGENTA	200	IWWEL	DUE TO, OF	R AS A CON	SEQUENCE OF	-	THO V	The Contract of the Contract o		Seg-Cold							
A SERVER		ditions, if any, wh	ch)								
123128		e rise to immedi e (a) stating the una		R AS A CON	ISEQUENCE OF	:											
A STANZ	lyine	cause last.															
AL RECORDS 20 VID BE EXCLUED "PENDING" FF MEDICAL EX FF MEDICAL EX FF HEATTH AND MA AL, CREMATION	PART 2 OT	IER SIGNIFICANT CONOITI	ONS CONTRIBUTING TO OEATH	BUT NOT RELA	LIEO TO THE TERMIN	AL DICEACE	OR CONDITIO	N CIVEN IN DA	P7 1 (=)								
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DIVISION OF VITAL RE SCENTIFICATE SHOULD RITING THE WORD "PE ROED TO THE CHIEF A R3 SHOULD BE USED. A E DEPARTMENT OF HE OI PRIOR TO BURIAL, C	19a. DAT 19a. DAT 21a. EXTI UNDERL UNDERL 21d. INJU WHILE											YES \ NO					
WO WO BE	21a EXT	RNAL CAUSE WAS	21b. TIME O			21c. HO	W INJURY	OCCURRE	D (ENTER)	NATURE OF INJURY	IN ITEM 18 PAI	RT 1 OR PART		s 🗀	NOTE		
S SHOWER A	UNDERL	YING OR BUTING CAUSE (DAY YEAR												
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S C C C C C C C C C C C C C C C C C C C	₹ WHILE AT WOF	NOT WHILE	STREET, FAC	TORY, FARM, E	TC.)	ST	REET			CITY OR TOWN		COUN	YTY		STATE		
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A WAN	ACTUAL	lest-	Asla OV				TITLE (S	PECIFY)				DATE	26	61			
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TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTO FUNEAU DIRECTOR; PAFTENDER, MARYLAND; ARYLAND; ARYLAN	(TYPE OF	MATION, REMOVA			7 14		DDRESS_	HL	102110	WEND_	101						
	(SPECIFY)	Burial			Orraine				CITY	CATION OR TOWN		COUNT		STA			
BP	24 FUNERAL D		3/7/86		orrariie	rar			_	altimo	re 25b. Regist	RAR'S SIG		ryla	nd		
DHMH - 17	NAME		ADDRESS				-		. 0			handas			Stan .		
(VR A15 ME (5)) 20M 4/82	A. Ala	Alan Seitz, Jr. 3818 Roland Ave. 21211 MAR 4 1986													11		

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		1 00	REGISTRAR	E FIRST	ME		EXAMIN	ER'S C		CATEO	F DEA	REG.	NO.			
			CEASED NAM	E FIRST		WIDDLE			LAST			20. DATE KNOWN OF ESTI-	MONTH	DAY	YEAR	26 HOUR
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-	THE STATE OF THE S	ID C	TY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NU	RSING HOME,	OR OTH	ER INSTITU	TION	12a USU	IAL OCCUPATION		126 KIND	OF BUS	SINESS
4	F ANY DELAY IS NE AND 3 TO THE FUIL RETAIN PAGE 5 SHOULD BE FILED W. RECORDS (201)	ricu	Baltim			ld Yor	rk Rd.				Une	ORI	NDUSTR'	Y		
201	2, AND 3 1 SHOULD IN RECORD	13a. S	TATE	13b. COU	OR OTHER INSTITUTION, G		OR TOWN		13d INSIDE CI	TY LIMITS?	13e STRE	ET ADDRESS				
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A O	_ 70.00 A	14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	NNAME	MIDDLE		LA	ST	
ar m	SES 1, SES 1, SES 1, SE VIT,		Esse	x			Carri	ngto		Mar		Moore	C		ingt	con
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٥	NER: THIS CERT CATE, WRITING FORWARDED . TOR: PAGE 3 SH THE STATE DEPA AND, 21201 PRI	-	AT WORK	AT WORK												STAIL
	ATE, ORV		220. I certi	fy that I took char	ge of the remains de	scribed abo	ive, held an	Autaps	y .	Inspection	X.	Inquiry .	and in my ap	inian		The same
	EXAMINER: CERTIFICATI OUID BE FOR I DIRECTOR: 4, WITH THE: MARYLAND		death result	ed Irom: Nati	ural causes X,	Accident	. Suic	ide .	Hamic	ide .	Undete	rmined manner].			
	WIT		and the same	A	-				TITLE (SI	PECIFY)						
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07.7		230.B	Burial Burial	TION, REMOVAL	3-7-86		NAME OF CEM				CITY C	CATION	COUN		STAT	
07/84 25M	BP	24 FI	INERAL DIREC	TOR			astvi		em.	25a. DATE R	EC'D BY	REGISTRAR 1756 RE	GISTRAPSS	GNAHU	HA WA	
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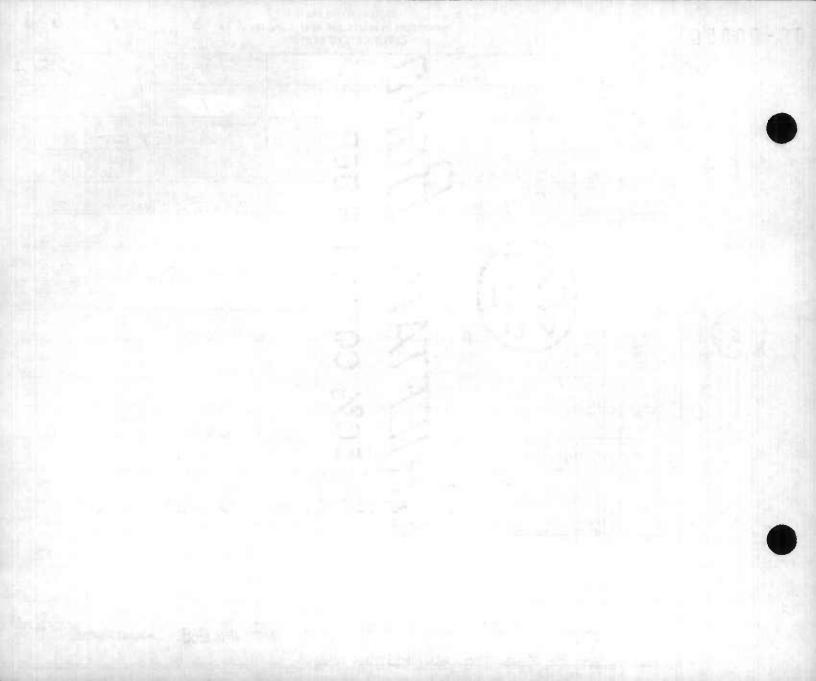
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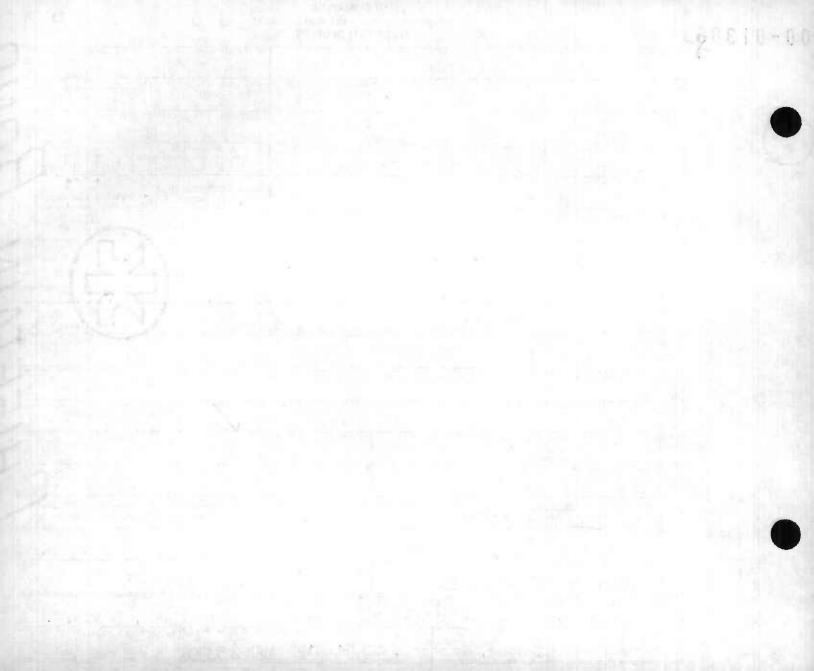
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STATE OF MARYLAND

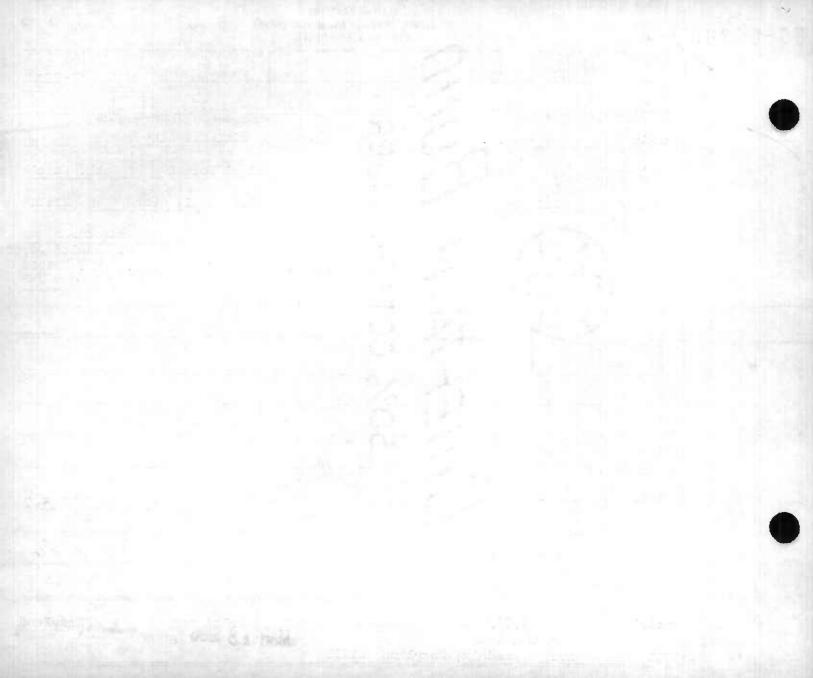
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3. SE	X	4 RACE	5	DATE OF BIRT			6 AGE (IN YEARS LAST BI	RTHDAY			,	
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			b. SOCIAL SECURIT	Y NO. 17 IN	IFORMANT		ADDR	ESS			ĺ	
	NO		214-24-8633 Edwin L. Bauer 2029 Deering							e 21230		
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	gove rise to immediate couse (a), stating the	DUE TO, OR A	S A CONSEQUENC	CE OF	V							
1	underlying couse lost.	(c)										
z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEA	ATH BUT NOT	RELATED TO	THE TERMIN	NAL DISEASE OR COM	DITION GI	VEN IN PART	110		
TIO	19a DATE OF OPERATION	TIRE CONDITIO	IN CONDITION FOR WHICH OPERATION WAS REPROBUED				20- AUTOPSV2	DINGS USED				
IFIC	THE DATE OF CHANGE	170 CONDING	THE CONDITION FOR WHICH OPERATION WAS PERFORMED					IN CERTI	FYING CAUS	SES OF DEATH?		
E E	21a. ACCIDENT WAS UNDERLYING 21b. T		216. TIME OF INJURY 21c. HOW INJURY OCCU									
		DEMIN	MONTH DAY									
S	21d. INJURY OCCURRED		INJURY		OCATION						-	
¥	WHILE NOT WHILE AT WORK	(AT HOME STREET	FACTORY, OFFICE, FARA	A, ETC)	STREET		CITY OR TO	OWN	COUNTY	STATE		
22a.L certify that (1) (this hospital) attend			eceosed from3	-12		9 86	to3 -13	3	19.86	_, that (1) (we) lost		
	sow the deceased alive	on 3-13	er death	and the	in (my) (our) opinion de	eath accurred on the c	lote and hou	ond from t	he couses stated		
	22b. SIGNATURE	nor view me body arr	er deom.	DEGRE	E				22c. DA	TE SIGNED		
	Mathew									13-86		
	Λ μ	PE OR PRINT)		22e	ADDRESS		lucinital	. 530	APhr	vulão 4		
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230 BURIAL, CREMATION, REMOVAL 236 DATE											2	
		AL 236 DATE	231 NA	ME OF CEMET	RY OR CREA	MATORY	23d LOCATION		I' OUNTY	STATE		
	BURIAL, CREMATION, REMOV SPECIFY BURIAL UNERAL DIRECTOR	3/17/86				emete	Baltin		COUNTY	Maryland	1 1.	
	3. SE 70 B M 10 C USU 130. 1 M 14 F	DECEASED NAME (1YPE OR PRINT) 3. SEX FEMALE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10 CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NURSING HOME 130, STATE WARYLAND 14. FATHER'S NAME FIRST Arthur 160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. INJURY OCCURRED WHILE INDIRY MEDICAL EXAMI 210. INJURY OCCURRED WHILE INDIRY MEDICAL EXAMI 220. I certify that (I) (this ho sow the deceased alive obove, (I) (we) (did) (did) 27b. SIGNATURE	DECEASED NAME (1YPE OR PRINT) NETLETE 3. SEX 4. RACE FEMALE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HO (IF NOT INSUCH F. Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVEN FIRST) Maryland 14. FATHER'S NAME FIRST Maryland 16. 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INJURY OCCURRED WHILE NOT WHELE HAY MEDICAL EXAMINER) 21d. PHASE CIPPE OR PRINT)	DECEASED NAME (TYPE OR PRINT) NETLLIE A. 3. SEX FEMALE FO. BIRTHPLACE GOUNTARY Maryland 10. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD 13. STATE 13. STATE 13. CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD 13. STATE 13. CITY OR TOWN Baltimore USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD 13. CITY OR TOWN Baltimore USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD 13. CITY OR TOWN Baltimore 14. FATHER'S NAME (YES, NO OR UNKNOWN) 16. YES GIVE WAR OR DATES) 16. SOCIAL SECURIT 17. CAUSE OF DEATH LENTER ONLY ONE COUSE PER line for (a), (b) and (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENT (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE. 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PLACE OF INJURY HOW A.M. MONTH DAY P.M. 21d. PLACE OF INJURY HOW A.M. P.M. 21d.	DECEASED NAME FIRST MODILE A. MODILE 3. SEX A RACE S. DATE OF BIRT F. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED COUNTRY) Maryland U.S.A. WIDOWED MARRIED Baltimore U.S.A. WIDOWED MARRIED U.S.A. WIDOWED MARRIED Baltimore U.S.A. WIDOWED MARRIED U.S.A. WIDOWED MARRIED Baltimore U.S. ARMED FOREIGN 13c. CITY OR TOWN OR DOTHER INSTITUTION OF STREET ADDRESS) BATHUT Maryland Baltimore 13b. COUNTY 13c. CITY OR TOWN WARYLAND 13b. STATE 13b. COUNTY WIDOWED MARRIED WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. In WILLS MARRIED WILLS MARRIED WILLS WILLS WILLS WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. 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MOELLER 3 DATE OF BRITH 14 1898 8 AGE INVESTIGATION 15 DATE OF BRITH 14 1898 8 AGE INVESTIGATION 16 DATE OF BRITH 1898 8 AGE INVESTIGATION 17 DATE OF BRITH 1898 8 AGE INVESTIGATION 18 DATE OF BRITH 1898 18 DATE OF BRITH 18 DATE OF BRITH 1898 189	POPCEASED NAME (19TC CR 98m) NELLIE A. MOELLER 3 14 1898 3 14 1898 4 AGE [INVERSIONS DETECTION NOTIFICATION OF BENDER ADMISSION OF BENDER ADM	POPCEASED NAME 1985 FEMALE A. MODELLER B. AGE (INVERSISSISSISSISSISSISSISSISSISSISSISSISSIS	DECEASED NAME	

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue





STAIL OF MAKILAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH MONTH FIRST 2h HOUR (TYPE OR PRINT) death HANSBARRY MOORE 86 2:18P 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR 16 14 Male Black TO BIRTHPLACE ISTATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City. North Carolina DIVORCED [WIDOWED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY VAMC, Baltimore, Beth Steel 21218 Bundler Maryland Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION L STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1329 N. Luzerne Avenue 21213 Baltimore Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Shephard Erenset Moore Winnie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES Mildred Moore 1329 N. Luzerne Avenue 220-03-4818 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Bronchonne Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 o 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO 🗆 71a ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21E LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 22a.1 certify that XI (this haspital) attended the deceased from MARCH 21 19.86 saw the deceased alive an above (I) (we) (def) (did fait) view the and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 77h SIGNATURE PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22d. PHYSICIAM'S NAME 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE SPECIFY BUR IAL STATE 4/3/86 Garrison FOrest VA Owings Mills, Md.

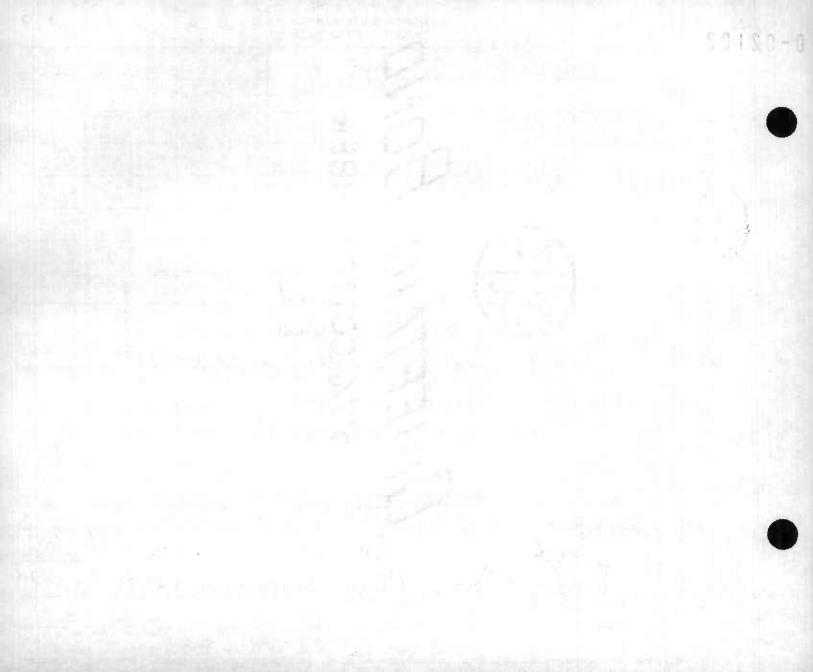
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

March Funeral Homes 1101 East North Avenue

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE none wendon-pandets

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	FOR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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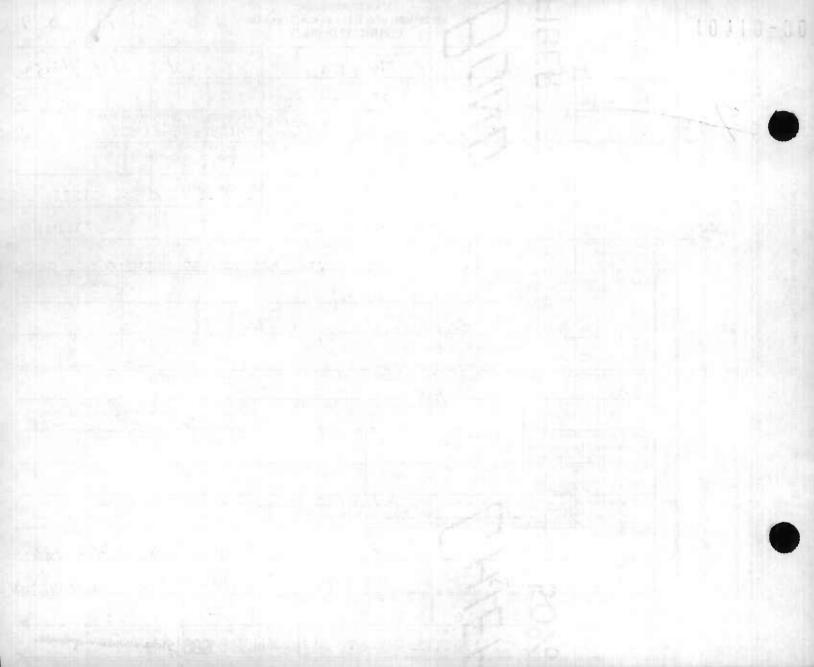
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-	{TYPE	PEAR!	LIE		MOOR	E		3 - 2	20-	86	55	DAM
	1. SEX	() () () () ()	4. RACE		5 DATE C		6. AGE (IN YEARS LAS	T SIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	1	MALE	BLA	CK	Oi	-30 - 28	58	YRS	WONTHS	DAYS	HOURS	MIN.
			76 CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DE	ATH		
9	N	.C.	USA		WIDOWE	D DIVORCED	BALTIMO					MD.
1 4.2		altimore		HOSPITAL, NUR		TAL	12ª USUAL OCCUP TYPE OF WORK FOR MI UNEMPL			KIND O USTRY	F BUSINE	SS OR
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()		FRED FIRST	MIDDLE	MOOR	E	ANNIE	MIDD			DA	IS	
			MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	AL	DRESS	100			
	{ }	YES UNKNOWN) 1946	1948	220 24	3809	MARY IRVING	1526 W. I	EXING			23)	
i		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE				Day Dores			- 0	APPROXI	MATE INTE	DEATH
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		underlying cause lost.	(c)_	ADENO	CARCIN	ond To LIVE	ER+ Abd	men				
	z	PART 2 OTHER SIGNIFICANT O	CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR C	ONDITION	SIVEN IN	PART 110)	_txi
	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WER			
7	TIFIC						YES NO		TIFYING (CAUSES	NO [
		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	216. TIME C	M. MONTH	DAY YEAR	21c HOW INJURY OCCU	URRED (ENTER NATURE OF	INJURY IN ITEM I	8 PARTIOR	PART 2)		
	ICAI	(IF EITHER NOTIFY MEDICAL EXAMINER) P.	м.	19							
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AL WORK		OF INJURY REET, FACTORY, OFFI	CE FARM, ETC)	211 LOCATION STREET	CITY	ORIOWN	co	YTMU		STATE
d	3.5	220.1 certify that (X(this hospi	tal) attended th	ne deceased from	m Febru	lary 26_19.86	to_March	20	19_8	6	that (K (we) lost
1		sow the deceased alive on above, (K(we) (did) (MAXA)	March	20. 198		nd that in (m🏋 (our) apinio	on death accurred on t	e date and h	aur and t	ram the	causes st	ated
		22b. SIGNATURE				DEGREE ATTENDING	MEDICAL	STAFF	22	C DATE	SIGNED	,
		M. MICISY	rde	MD	V	PHYSICIAN		YSICIAN		3/2	0 8	6
		22d. PHYSICIAN'S NAME (TYPE C	RIDE	M	10	LOEH R	AVEN UA	+ Itos	P			
		BURIAL, CREMATION, REMOVAL	23b. DATE	2.	30 NAME OF C	EMETERY OR CREMATOR	23d LOCATION CITY OR TOW	N	COUN	aty.		STATE
		BURIAL	3/24/	86	GARRISO	ON FOREST VA	OWINGS	MILLS			MD	
		. C'AME MARCH F/H	1101 5	NODTHEORE	NVENUE	25a. D			STRAR'S	SIGNAT	URE	مالاء
	MI	. C. MAKUN F/H	TIOI C.	NOKIH F	AVENUE		MAH 25 to	Min Stuth	assimile	SOCA	1	Supplier.

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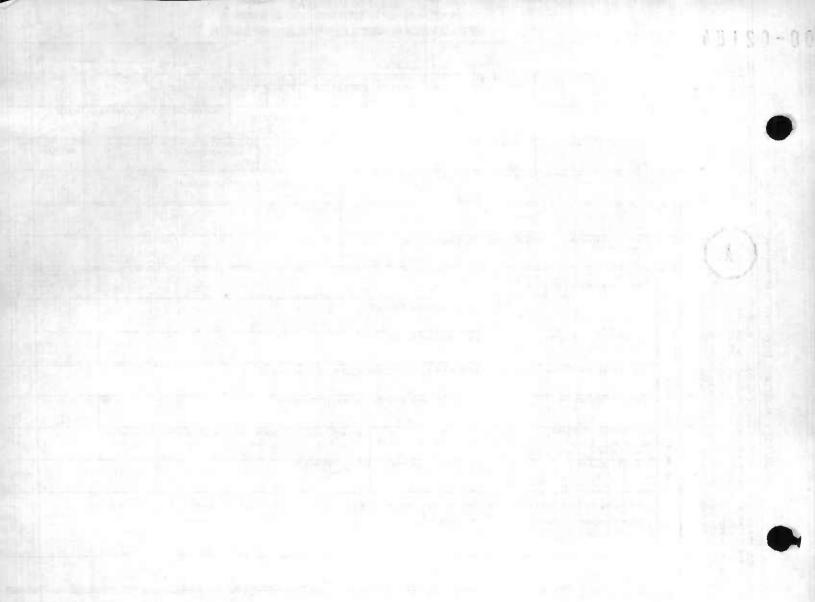
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1	STATE OF MARYLAND	
0-01401	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	9
	DECEASED NAME FIRST MIDDLE LAST 28 DATE OF DEATH MONTH DAY YEAR 26 HOUR	
2 7 5	Haristem LILLIAN Morgan 3/ 23/86 11:45	am
and	1. RACE 1. DATE OF BIRTH ANOTH 1. DAY 1. D	
183	TO CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED DIVORCED BALTIMORE, CITY	MD.
3/	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FROM CLS SCOTT FOR THE INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) UNKNOWN 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) UNKNOWN	OR
1 35	SUAL RESIDENCE (IF NI OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ISTATE ISCUTY OR TOWN BALTIMORE YES NO 132 STREET ADDRESS, ZIP CODE 137 FLEMING DR. 21222	
(海)	FATHER'S NAME WILLIAM COLEMAN MINNIE MIDDLE MIDDLE FINNIE FINNIE	E
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 217-22-2056 VIVIAM MORGAN 137 ELEMING DR. 21	222
bot the death certification that the attending physics corporately common contemporation, or remove other froumatic events.	B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ATH
to for requires 1 for the been signed for permit. The pla for prior to burio	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id. 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO YES NO	,
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ATENDIA pital or CTOR At for vire of et Health	220 I certify that (I) (this haspital) attended the deceased from 3 / 1 / 186, 19 80, to 3 / 23, 19 86, that (I) (we saw the deceased alive an 3 / 2 3 19 86, and that in (my) (aur) opinion death accurred on the date and hour and from the causes state above, (I) (we) (did) (did not) view the body after death.	
TALOR A THE NO. TALOR A CALORER CALORER CALORER TI R heart	278. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X 3/23/87	3
O HOSPITAL TO FUNERAL TO PUNERAL With the State WHORTANT,	278. PHYSICIAN'S NAME (TYPE OR PRINT) Andrew Robin 1220. ADDRESS 4440 Ector Are Biltho	2123/
25 - 27 - 2	6. BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION CHYORIOWN STATE ARBITTLES MARRY A	TE.
ВР	BURIAL 3-27-86 ARBUTUS ARBUTUS MARYLA FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR'S SIGNATURE	ND
	M.C. MARCH F/H INC. 1101 EAST NORTH AVE. MAR 26 1986 Julia Sundon Manager	



	FOR		-	DEPART	MENT OF HE	ALTH AND M	VENTAL H	YGIENE	6	1	7	8 7	0
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AND TO SERVICE OF THE PROPERTY													MD.
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5	18. CAUS	E OF DEATH (Enter o	nly one couse per line	for (o), (b)	, ond (c).)							APPROXIMAT	ET AND DEATH
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	10 MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH EXECUTE THE CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL POAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINE PAGE 3 SHOULD BE USED AS A BURIAL "TRAN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL BALTIMORE. MARY (AND. 21201 PR DR TO BURIAL. CREMATION, OR PE	PART 2 OTH REGISTRA T. DECEASED N I TYPE OR PRINT) 3. SEX F ema le 70. BIRTHPLACE FOREIGN COUN Mary 1 10. CITY OR TO Bal USUAL RESIDEN III. FATHER'S N. FREI III.	Thurnan Conditions, if ony, which gove rise to immediate couse (a) stating the under lying couse lost. Conditions, if ony, which gove rise to immediate couse (a) stating the under lying couse lost. PART 2 OTHER SIGNIFICANI (ONOTION PAR	TO ECCEASED NAME TREST COMMITTEE COM	REGISTRAR T. DECEASED NAME FRST MIDDLE TO DECEASED NAME TYPE OF PRINT) JOANNA JOHANNA 3. SEX CRACE SDATE OF BIRTH DAY YEAR FEMALE Black G 4 83 76. BIRTHPLACE ISTATE OR THE NORTH DAY YEAR MARYLAND U.S.A. III. NAME OF HOSPITAL, NU (FROT NOT NOTHER INSTITUTION, COVERSIONER) MARYLAND U.S.A. III. NAME OF HOSPITAL, NU U.S.A. III. NAME OF HOSPITAL, NU (FROT NOTHER INSTITUTION, COVERSIONER) MARYLAND U.S.A. U.S.A. U.S.A. U.S.A. U.S.A. III. NAME OF HOSPITAL, NU U.S.A. U.S.A. MARYLAND U.S.A. U.S.A. U.S.A. MARYLAND U.S.A. U.S.A. U.S.A. U.S.A. MARYLAND U.S.A. U.S.A. U.S.A. U.S.A. U.S.A. MARYLAND U.S.A. U.S.A. U.S.A. U.S.A. U.S.A. U.S.A. III. FATHER'S NAME U.S.A. U.S.	POR STATE REGISTRAR MEDICAL EXAMINER T. DECEASED NAME PAST MIDDLE TO DECEASED NAME PAST MIDLE TO DECEASED NAME PAST MIDDLE TO DECEASED NAME PAST MIDLE TO DECEASED NAME PAST MIDLE TO DECEASED NAME PAST MIDLE TO	DEPARTMENT OF HEALTH AND MEDICAL EXAMINER'S CERTIFIF STATE REGISTRA REGISTRA REGISTRA REGISTRA REGISTRA REGISTRA	STATE REGISTRAR DECEASED NAME LAST L	DECEASED NAME TABLE TABLE	DEPARTMENT OF HEALTH AND MENTAL HYGENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH STATE MEGISTRAR ME	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEFERSED NAME TOCERSED NAME TOCERSED NA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH NEGRINA TOCERSOS TAME TOCER	DEPARTMENT OF HEALTH AND MENTAL HYGINE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH MOORGAN (JOANNA) JOHANNA JOHANN

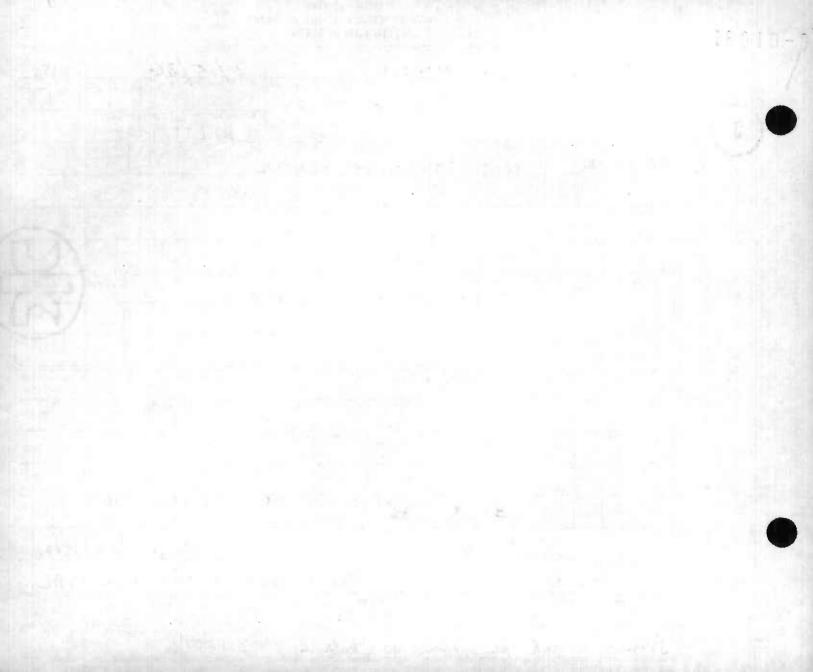


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0-00775	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 CERTIFICATE OF DEATH	07871
(A)		CEASED NAME CHOST	, , , , , , , , , , , , , , , , , , , ,	MONTH DAY YEAR 26 HOUR 3 15 & 708AM THOAY] IF UNDER 1 YEAR IF UNDER 24 HRS
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1 135		MD MD	USA MARRIED NEVER MARRIED BOLO	City MD
1 138	1	Batto City	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF MD) (TYPE OF MD)	F WORKING LIFE) INDUSTRY
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1 1840	14. F/	Charles	MIDDLE MIDDLE STATE AND MIDDLE	Stockton
Poper ond	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 216-20-9263 Miss Jan Morris 2213	
physical phy		PART I. DEATH WAS CAUSE	ily ane cause per line far (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MIDURES
e death cer e ottending move carbo nation, or re troumotic e		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF End Stone Renal Dispase	Wars
by the		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF Seps 15	dovs
aguires the signed of the pleat to burial injury, or	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
ne low re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES 1 NOT	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
SICIAN The ng physicio certificote h uriol-tronsit pennol Hygiei tem 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (EMER NATURE OF INJURY)	
G PHYSICIA offerthis central steep of the central st	MEDICAL	21d INJURY OCCURRED WHILE NO! WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 21f LOCATION STREET CITY OR TO	WN COUNTY STATE
END fol o OR: OSE Heo	18	220 I certify that (I) (this hosp	tal) ottended the deceosed from 19	. 19
AL OR ATT y the hospin ALI DIRECTION defoched for defoched for the Dept of T: If Item 2	100	226 SIGNATURE	DEGREE ATTENDING MEDICAL STAI PHYSICIAN DIRECTOR PHYSIC	FF 224. DATE SIGNED
HOSPII FUNER PORTAN		22d PHYSICIAN'S NAME (TYPE OF		HO MO
PP	23a 9	BURIAL, CREMATION, REMOVAL DICIFY) DURCAL		Cla. 1990 STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR		25h REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

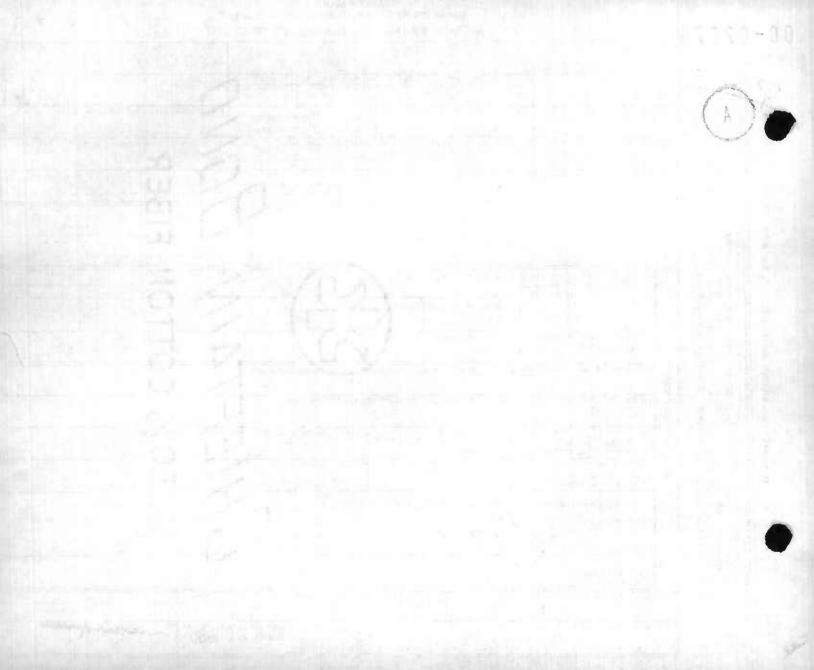
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DING PHY or attending After this se os the bu	WE	WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hosp	(AT HOME STREET, FACTORY		STREET 19. 86	city or to		STATE
TO HOSPITAL OR ATTEN retoined by the hospital TO FUNERAL DIRECTOR should be detached for us with the Store Dept of He MPORTANT; if them 21 is		saw the deceased alive of above (I) we rid of idid in 27b. SIGNATURE 27d. PHYSICIAN'S NAME (17PE	n 3/28 natiview the body after death	19_86	DEGREE	MEDICAL STA	ate and haur and from the cause 222 DATE SIGN 3 - 28	es stated
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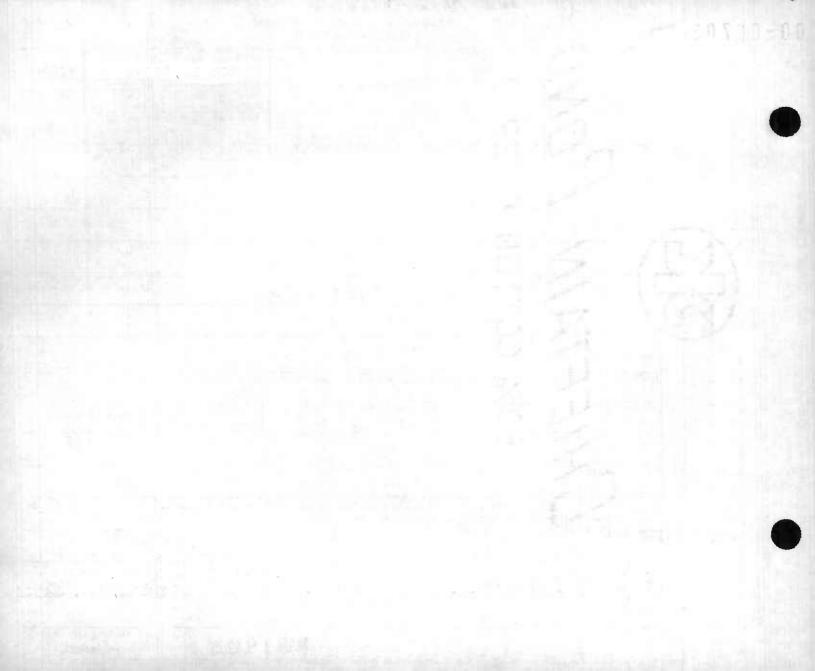
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	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR, TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	23a.B	URIAL, CREMAT	ON, REMOVAL 2	3b DATE	23c. 1	NAME OF CEM	ETERY OF	CREMATO	ORY	23d. LOC						
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If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3 SE		200	RACE	1.		E OF BIRTH	YEAR	6 AGE I	IN YEARS LAST BI	RTHDAY)	IF UNDER	DAYS	IF UNDER	24 HRS MIN.		
	7. 01	RTHPLACE (STATE OR FOR		L COURTENION	hite		il 10 189	1	94		YRS		714				
L		Maryland	/1	USA		MARI	RIED NEVER M			MORE CITY			AIM				
and the	10 C	ITY OR TOWN OF DEATH	- 1	. NAME OF H	OSPITAL, N	URSING HOM	E OR OTHER INSTIT	ORCED	120 USU	1timor	ION	12b K		BUSINE	MD.		
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5		AL RESIDENCE (IF NURSING STATE Md.	Balt	4	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSI Essex YES			Y LIMITS?	13e STREET ADDRESS / ZIP CODE 2604 Holly Beach Rd. 21221								
1	14 FA	ATHER'S NAME FIRST	MI	DDLE	IA.	15. MOTHER'S MAIDEN NAME							LAST				
1	1	Valentine			Brock	ocki unknown											
				ED FORCES? WAR OR DATES)		L SECURITY NO				ADDR							
-		no			160-	16-9675	Helen H	Caika 2	2604	Holly	Beach		Rd. 21221 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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		270 I certify that (I) (his hospital attended the deceased from										ve) last					
1		22d. PHYSICIAN'S NAM	E (TYPE OR F	100-1	noue		22e ADDRESS				- 1		7	7			
	23a. B	SURIAL, CREMATION, RE.	MOVAL	23b. DATE	1	- V	CEMETERY OR CR	EMATORY		CATION							
1	(SPECIFY) Burial		3/21/	86	St. St	anislaus	guan).		ITY OR TOWN	Ral	timor			and		
	24. FU	INERAL DIRECTOR						25a DATE	REC'D. B	Y REGISTRAR					anu		
		Connelly Fu	nera	1 Home	300 Mg	ace Ave	. 21221			P							

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Connelly Funeral Home 300 Mace Ave. 21221

IAR 1 4 1986

Fisha Wavidson-Randelle

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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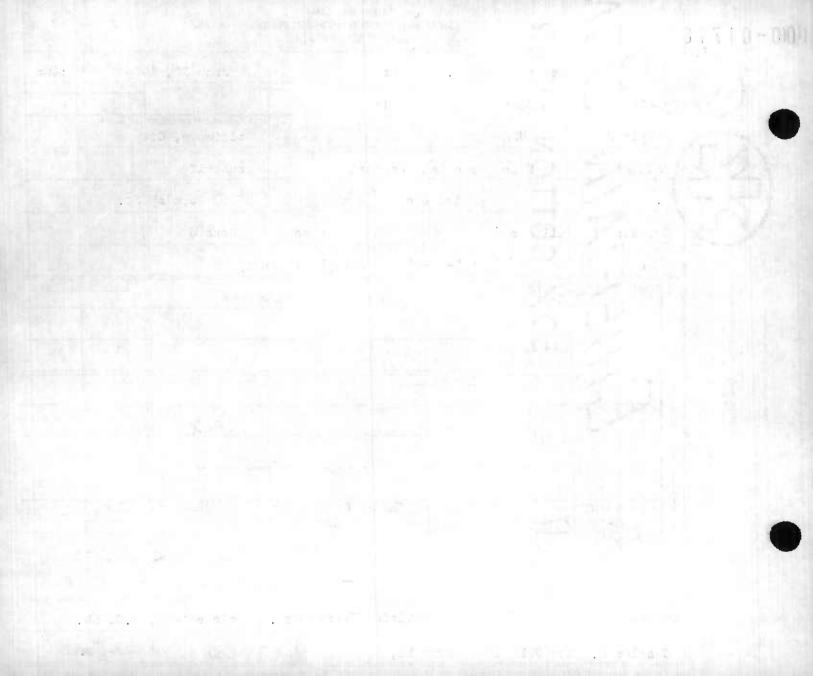
8	1-	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	GIENE O O	U	/ 0) 0 /			
		CEASED NAME FIRST	,	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	LY YEAR	26 HOUR			
	[I VPE	Ele	eanor	Ε.	Nash		March 2	2, 198	6	7:40a M			
1	3. SEX	x	4 RACE		5 DATE C		6. AGE IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER 24 HRS			
/	MEDICAL CERTIFICATION MEDICAL CERTIFICATION	male	Black		MONTH	8-30 YEAR	55	YRS	DAYS DAYS	HOURS MIN.			
	a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D X NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	1000			
6	M	aryland	USA		WIDOWE		Baltimore	, City		MD			
4		altimore	(HENOT IN SUC	HOSPITAL, NURSI MEACHITY, GIVE STREE Memorial	T ADDRESS)	Tal	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewife	F WORKING LIFE)	126 KIND OI INDUSTRY	F BUSINESS OR			
F	Md	AL RESIDENCE (IF NURSING HOME) TATE 136. CC		GIVE RESIDENCE BEFORE TO NEATTINO	WN	13d INSIDE CITY LIMITS? YES K NO [130 STREET ADDRESS 2703 Bar	ZIP CODE clay S	t. 2	1218			
1	4 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST	1			
C,	C	harles Wi	lliams			Amanda	Howard		į Au				
ros.	160 W	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC		17. INFORMANT	ADDRE	SS		W 4 11 11			
		YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	212-22-	0207	Josephine A	Autry						
3		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per JSED BY:	line for (o), (b), o	nd (c)	M	rrest		BETWEEN	MATE INTERVAL ONSET AND DEATH			
			IATE CAUSE (o)	Cardiny	niem	onary u	rouse		-				
		Conditions if an abit	DUE TO, O	R AS A CONSEQU	JENCE OF	,							
		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)						1				
		underlying couse lost	DUE TO, O	r as a consequ	JENCE OF								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to											
	O.												
7	TIFICAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USI						
257	CER	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH D	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	TY IN ITEM 18 PAR	T OR PART 2)				
	CAL	OR CONTRIBUTING CAUSE OF	DEMIN		19								
	AEDI	21d INJURY OCCURRED	21e PLACE	OF INJURY	FARM ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE			
	<	AT WORK NOT WHILE AT WORK											
		220. certify that (1) (this has sow the deceased of above (1) (we) (did) (did			86.0	nd that in (our) opinion	death occurred on the de		ond from the	that (we) last couses stated			
		226 SIONATURE	not view the body	ofter death		DEGREE			22c DATE				
		Jatricia	5- A	awer	1	MO ATTENDING PHYSICIAN [MEDICAL STAL	IAN K	3/2	5/86			
1		220 PHYSICIAN'S NAME ITY		1.11		22e ADDRESS		n	7	in			
		PATRICIA	L. GA	RVER		JIHH 60	UN. Wolf	251.	Da	u.			
		BURIAL, CREMATION, REMOV	AL 236 DATE 3/27/			EMETERY OR CREMATORY	23d LOCATION Reistert		COUNTY	STATE			
	Du	IIai	1 3/4//	ou la	111111	JU POTSEE Cem	. I Keistert	OWN B	(MI)	3			

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

Charles A. Rice FSPA 1300 Eutaw P1,



12-11-0 PARY ETHER NELSON Black June 10, 1943 98 INU USA + BORK S CANTAMORIES BON SECURES HOSPIEMS HORE HOME Ma Entench Bellinge & Fryette St. 2 JOHERN MURIE LAURA DURSEN No - Best of Jensey Sylventh, Med The way in the way to present the way the time of the same

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

REGISTRAR		CERTIFICAT	EUPDEATH	REG. NO.							
I DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
Amelia	Rose	Nice	wicz	March	17 - 1986 2 PM						
1.5EX	A RACE .	5. DATE OF BIRT		6 (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS.						
Female	White	March	28 1919	66 YRS	MONTHS DATS HOURS MIN.						
Ta BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	VIEWED ADDIED	9 BALTIMORE TITY OR COUN	ITY OF DEATH						
Pennsylvania	MSA	WIDOWED V.	NEVER MARRIED DIVORCED	Baltimore.	Titu -						
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			12a LISTIAL OCCUPATION	1125 KIND OF BUILDINGS OF						
BALTO	(IF NOT IN SUCH FACILITY GIVE ST	PEET ADDRESS)	EK II GIII OII OI	HOM MAILER	Own Home						
LISUAL RESIDENCE HE NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BE			·							
Maryland Que		nsville YES	NO [X]	408 Elm Street							
TA FATHER'S NAME		15. M	OTHER'S MAIDEN NA	ME							
d clanter	MIDDI* LAST	cki	Anna	No IEVEN E	Bacik						
Stanley			January -	ADDRESS	Back.						
	IVE WAR OR DATES)	ECURITINO. 117 IN	(Dau	ighter)							
No N	/A 171.16	.3684 i M	iss Judith	A. Nicewicz S	ame as 13						
18 CAUSE OF DEATH (Enter o	inly one couse per line for (a), (b)	_		. 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY:											
IMMEDIA	TE CAUSE (o)	Cuozania	Married 1	1005	CA						
THE RESIDENCE OF THE PARTY OF T	DUE TO, OR AS A CONSE	OUENCE OF									
Conditions, if ony, which	((b) U	ma									
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	DUENICE OF			11/ . /.						
underlying couse last	DOE TO, OR AS A CONTE	M 44 A 4	muno2		11/2 Mensel						
DADE O OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
Z PARI Z OTREK SIGNIECANI	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERM	. 0//2	SIVEN IN PART 110						
THE DATE OF OPERATION	TIVE CONSTITUTION FOR WH	CULTURA	Much	1 20h AUTONSY 120h #	YES, WERE FINDINGS USED						
2//06	16	- 0	SET RECKINGO		TIFYING CAUSES OF DEATH?						
18 46/66	1 ma	m (m	mo	YES NO NO	YES NO [
B The ACCIDENT WAS UNDERLYING	med and a company of the company of		HOW INJURY OCCUR	RED TENTER NATURE OF HOUSE POTEM	E KART I CHEWY DI						
OB COMMENTING CAUSE OF DE	10 000 Ball Control (Control Control C	DAY YEAR									
(FAITHER HOTHY MEDICAL EXAMINE	ZIR PLACE OF INJURY	19	OCATION								
WHILE IT NOT HOME IT	(AT HOME, STREET, FACTORY, CAPI		STREET	CITY OR TOWN	STATE STATE						
AT HORY O NOT WHILE O		- 1	, ,	21/2	00						
77x.1 certify that (I) (this hosp	irtal) attended the defeased to	mp, 21	H 19 X6	10_5/1/	19 86 that (h (we) last						
saw the deceased alive or		X6 and that	in (my) jour lepinion	death occurred on the date and I	sour and from the couses stated						
obove, (I) (we) (didfy,did in	histories the mody ghar digoth.	DEGRE	F		77c DATE SIGNED						
110/	^		ATTENDING	MEDICAL STAFF	- 2/17/11/						
1/5/	mm		PHYSICIAN [DIRECTOR PHYSICIAN	1 3/1/180						
220 PHYSICIAN'S NAME (THE	OR PRINT)	220	ADDRESS								
1 10 412/2	ERMAN	.011	27 5	m MKAFAIF							
23a BURIAL, CREMATION, REMOVAL	23b DATE 2	3c NAME OF CEMETE	RY OR CREMATORY	73d LOCATION							
(SPECIFY) Burials	March 20,1985			McKees Rock	Aleg. Md.						
		oc. marys			3						
24 FUNERAL DIRECTOR	Bualt Annes		25a DA1	E REC'D. BY REGISTRAR 256. REG							
Singleton F	uneral Home G	len Burnie	, Md. MAR	1 8 1986	mindson Rendall						

Glen Burnie, Md. MAR

DHMH - 16 60M 7/84 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after death. Pretained by the haspital or ottending physician.
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	3 SE.		JER 4. RACE	WEST	S. DATE (CHOLS	& AGE (IN YEARS LAST BIR)	(HIBAY) IF U	INDER : YEAR	IF UNDER 24 HRS.
	3 31.		MONTH			H DAY YEAR		MON	THS DATS	HOURS MIN
	7- 01	female		OF WHAT COUNTRY	3	10 1889	97	YRS P COUNTY OF	DEATH	
Opce		COUNTRY	76 CITIZEN	C A	MARRIE	D NEVER MARRIED				
to _	In C	ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL NUIPS	WIDOW	DROTHER INSTITUTION	BALTIMOR			MD. OF BUSINESS OR
214			(IF NOT II	N SUCH FACILITY, GIVE STRE	ET ADDRESS)		(TYPE OF WORK FOR MOST O		INDUSTRY	1 003114E33 OK
5	JJSU.	ALTIMORE AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITU	N MEMORI						
\$ 25	130. 5	STATE 13b CC	UNTY	Baltimo		YES X NO T	2nd Str	eet 2	1211	
000	14 F/	ATHER'S NAME		Dateino	16	15. MOTHER'S MAIDEN NA		CC	.1.11	
100	0	FIRST	chinate	on Louis		Sara	WIDDLE		Robinson	
1-1			Shingto			17 INFORMANT	ADDRE	SS	RODT	
1			GIVE WAR OR DATE	217-20-	1231	Mary E. Wils	on 4800 Yel	Tow Woo	nd Ave	nue Apt
-	H					I Hary L. Wills	3011 1000 101	1011 1100		IMATE INTERVAL ONSET AND DEATH
ent,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU			and ic	in Arrod		- 111	BETWEEN	DNSET AND DEATH
ic ev		IMMED	ATE CAUSE to		Coci o	46,7777681				
o ma		Conditions if you which	DUE TO	D, OR AS A CONSEQ	UENCE OF			3.17.1		
troi		Conditions, if ony, which gove rise to immediate) 18	0)			ALLEY A			
athe		cause (a), stating the underlying cause last	DUE TO	d, or as a conseq	UENCE OF					
0,		PART 2 OTHER SIGNIFICAN	I CONDITION	S CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	0
njory	NO NO			0						
àu C	AT	19a DATE OF OPERATION	19b CC	ONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
Swc	Ĕ	constitution in					YES T NOT	IN CERTIFYIN	-	NO T
88 54	CERTIFICAT	21a. ACCIDENT WAS UNDERLYING		AE OF INJURY	B 1 W WE 1 B	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	TRAP BI METI MI YS	I OR PART 2)	
E		OR CONTRIBUTING CAUSE OF	DENIN	P.M. MONTH	DAY YEAR					
10 7	MEDICAL	214 INJURY OCCURRED	21e PLA	ACE OF INJURY		211 LOCATION	CITY OR TO	\4/N.)	COUNTY	STATE
ked	X	WHILE NOT WHILE AT WORK	(AT HOM	AE STREET FACTORY OFFICE	E FARM ETC)	SINEEL	CITY ON TO		COOM	STATE
a a		274.1 certify that (7) this ha	ipita) attende	d the deceased from		3/15 19 8	6, to 3/1	7 19.	86.	that (I) (we) lost
21 is		saw the descool glive above, III [wei/this/did	on	od 17 19.	8600	nd that in (my) Our opinion	death accurred on the de	ate and hour or	nd from the	couses stated
E		72E SIGNATURE	pri men igni	1		DEGREE			22c DATE	SIGNED
TANT: If I		Jeff	eyol	Cort	m	ATTENDING PHYSICIAN [MEDICAL STAI	FIANT	3/1	17/35
Z		224 PHYSICIAN'S NAME (TY	E OFPRINT)			22e ADDRESS	_ Jake Crok & Titlore	, w · (a)	1//	, ,
MPORT		JEFFREY A	COOL	, M.D.		UNION MEMO	ORTAL HOSP	TTAT.		
<u>\$</u>	23a. I	BURIAL CREMATION REMOV			NAME OF	EMETERY OR CREMATORY	23d LOCATION	TINH		
		Burial		0 100		Mem. Pk.	CITY OR TOWN		ounty /land	STATE
711	24 F	UNERAL DIRECTOR			Datus	25a. DA	TE REC'D. BY REGISTRAR			WRE or may
M 7/84		™Wm C March	F/H Wes	st 4300	Wahash	Avenue MA	R 1 8 1986	Guller Child	idismo-M	Charles and Charles

4300 Wabash Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)

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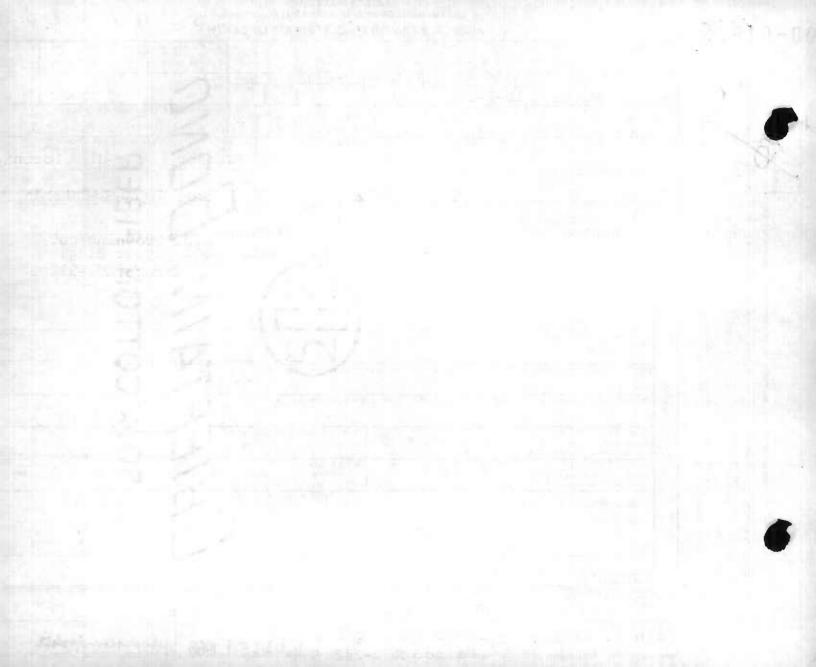
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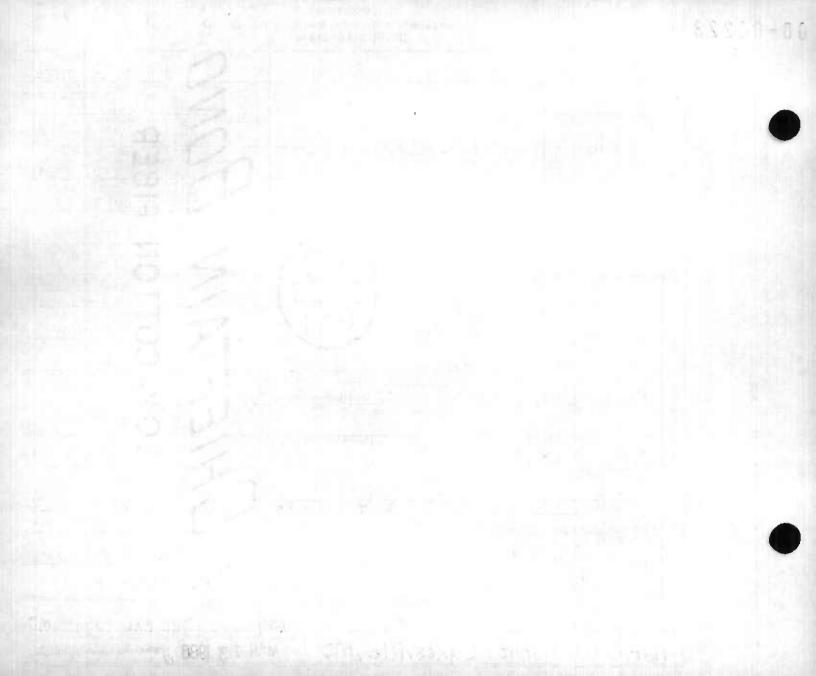
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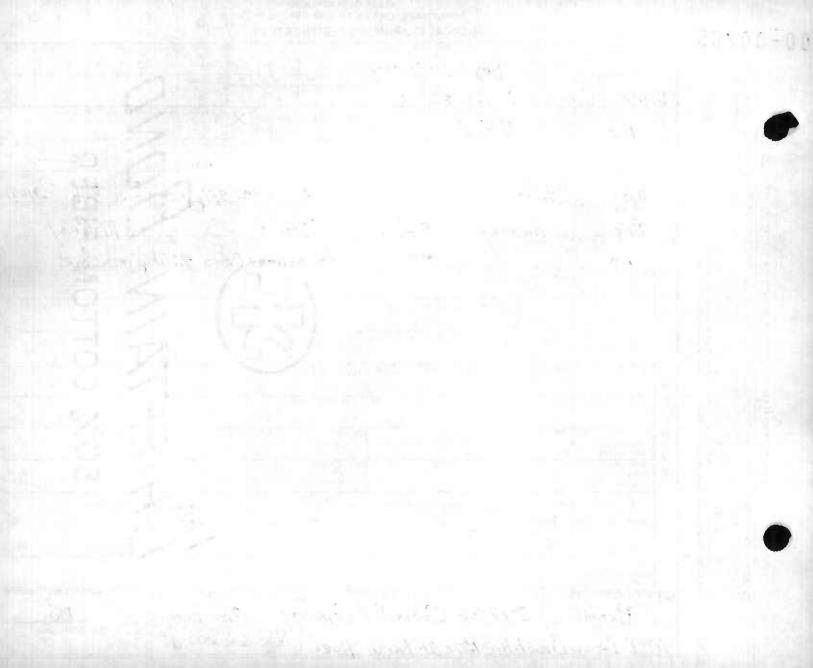
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0 - 0	1935	REGISTRAR	MEDICALI	EXAMINER'S C	JERTIFICATE O		REG. NO.					
		1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE		LASI	OF	NOWN X MONTH		2b HOUR			
	高麗城場門	Manue					MATED 3/	27/19 86				
	五日 五五日	3 SEX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS IF UN	DER I YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCE	MONTH	DAY YEAR	5:00			
	N S S S S S S S S S S S S S S S S S S S	Male White	10-2-54	31 YRS.	100.00	DEAD	3/	27/1986	PM			
	MAZER	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8 MARR	ED P. BALTIMO	RECITY OR COUN	TY OF DEATH	123				
N.	DACE A		Spain	Spain WDOWED DIVORCED Baltimore City,								
. "	。 對題 1	Spain ID CITY OR TOWN OF DEATH	1). NAME OF HOSPITAL, NUM	RSING HOME, OR OTH	IER INSTITUTION	120 USUAL OCCUPA		12b KIND OF BU OR INDUST	SINESS			
X	1368 E 20 /	Baltimore	Francis Scott		enter	Greaser		M.V.Lo	rena			
1	PESSON /	USUAL RESIDENCE (IF IN NURSING HOME 13a. STATE 13b. COUL	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION) OR TOWN		13e STREET ADDRESS	c	CALL	1861			
85	A AND 3	Spain		e Vedro	YES NO	Tabeiros		LaEstra	da			
10	T NHOLD	M FATHER'S NAME		LAST	15. MOTHER'S MAIDE			LAST				
	\$50 SE CO			LASI	7			100				
WO	BANK S	Unknown 160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOC	IAL SECURITY NO.	Unkr	VV . U .	ADB Bown i	ng Co.	-50-5			
5	EAT SO	(YES, 108 UNKNOWN) (IF YES, GIV			Wm. Schm	idt 801	Keyser	Bldg.				
100	DIN PIN	18. CAUSE OF DEATH (Enter o	nly ane cause per line far (a), (b)	, and (c),)		Balt	timore, M	d212	NA RVAL			
12 2	SAN	PART I DEATH WAS CAUSI	ED BY: ATE CAUSE (a).		le Injurie	S		BETWEEN ONSE	AND DEATH			
0	AZ TANDO	7349	DUE TO, OR AS A CON						3 0			
100	WITHIN 2 NICL IN I MINER ALL FRANSIT F VITAL HYG OR REMON	Canditians, if any, which										
W.	WANT WATER	cause (a) stating the under		SEQUENCE OF								
201	N A A A	lying cause last.	(6)									
SO,	A ANIC	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO GEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 igi						
Ö	BE E JOIN EDIC EDIC ETH ETH REV	Z										
DIVISION OF VITAL RECORDS,	HIS CERTIFICATE SHOULD BE EXECUTED WITH WHIT ING THE WORD "FENDING" IN PRINCIPLE AND THE CHIEF MEDICAL EXAMINED TO THE CHIEF MEDICAL EXAMINED THE HALTH AND ME THE PRINCIPLE HALTH AND ME THE PRINCIPLE HEALTH AND ME THE PRINCIPL	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196 CONDITION FOR	WHICH OPERATION W	/AS PERFORMED?			20 AUTOPSY	?			
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> 7	HE CONTROL	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR XX. MONTH	21c Ho	OW INJURY OCCURRE	D LENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PA	YES X	NO []			
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	PAN STA								7			
760	MAR SEE		ge of the remains described about				, and in my ap	pinion				
-	AF MATERIAL	death resulted fram: Nati	ural causes , Accident	Suicide L		Undetermined man	ner,					
•	**************************************	ACTUAL	Atol		TITLE (SPECIFY) Assistar	n+	DATE	3/28/	86			
	SER SE	5IGNATURE	1	M	LD. ASSISTAL	IC MEDICAL EXAMI	NER SIGNE	ED 3/20/	-			
	AND WELL	EXAMINER'S NAME (TYPE OR PRINT) Gree	porv R. Kauffma	n M D	ADDRESS 11	Penn St	, Baltimo	EM ox	21201			
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOUD BE FORW TO PUREAL DIRECTOR; PAFER DEATH WITH THE SIS BALTIMORE: MARROMAND 7	230 BURIAL CREMATION REMOVAL		IAME OF CEMETERY O	TO DICEOU	23d LOCATION						
a Carl	GP9	Burial	4-4-86	Spain		Spai	n cou	NTY SI	TATE			
9 425M		AL FUNEDAL DIRECTOR	C 4 1 C	-	250. DATE I	REC'D. BY REGISTRAR		SIGNATURE				
111	© BHMH - 17 (VR A15 ME (5))	John C. Mille			Rd. MAF	3 1 1986	Julia Davido	on-Randel	·			
	(-1)		Balto	Md21	206 MAI	7 7 300	7					

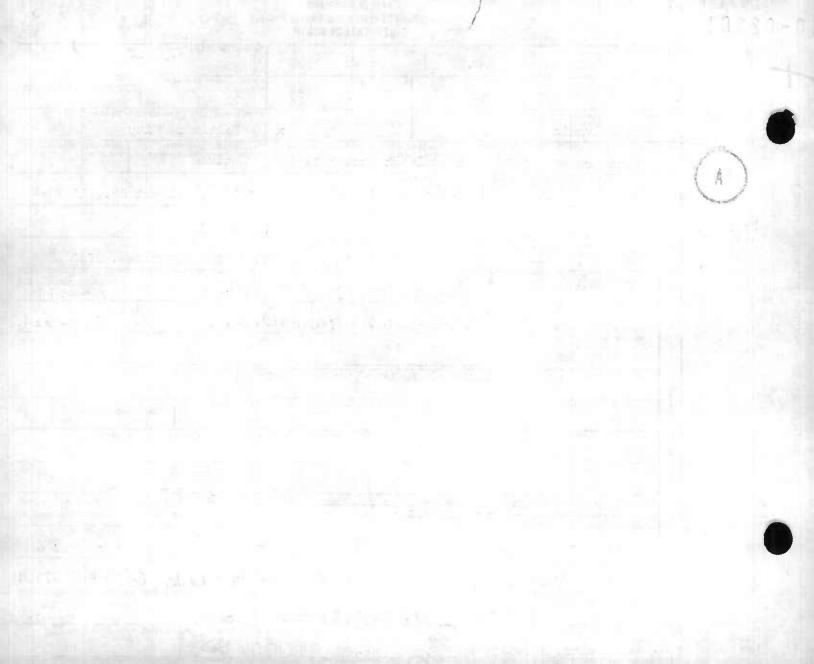




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	/	11	FOR Film G614 18-2	2a :	DEPARTMENT OF	HEALTH A	ND MENTAL H	TYGIENE 6	0	1	6 9	3
0 0	nocel		REGISTRAR 4/8/86 rj	ME	DICAL EXAMI	NER'S CER	RTIFICATE C	F DEATH	REG. NO		-7 . 3	- 1
10-1	117030		CEASED NAME FIRST	u .	MIDDLE	LAST	1				DAY YEAR	2b HOUR
			E OR PRINT)	^	11.0				KNOWN TO	MONTH	DAT TEAM	28 HOUR
	公谷町房口		Isaac	RAV	HNThon	✓ Oate	es	DEATH	MATED	3/	13/19 86	5 M
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	名を中国的人人	70 BI	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WI	HAT COUNTRY?	8 MARRIED	NEVER MARR	IED W 9 BALTIA	AORE CITY O	R COUNT	Y OF DEATH	
4	SASSA		md.	11.5.2	2.	WIDOWED			timore	City	,	MD.
-	STAN STAN	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL NURSING HOA	AE. OR OTHER I	NSTITUTION	120 USUAL OCCU			12b. KIND OF B	
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tDS, 201 W. PRESTON ST., I vequires that the death certion is signed by the attending phen please remove carbon part to burial, cremation, or remay injury, or other traumatic	P	PART 1. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate louse (o), stoting the underlying couse lost. ART 2 OTHER SIGNIFICANT (DUE TO, C	DR AS A CONSECUTION ON TRIBUTING TO	DUENCE OF	1 (PSA	TO THE TERM) I Sease OR CO	NDITION GIVE	6.) ears
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by the hosp by the hosp ERAL DIR e detached State Dept.		D FLEWFUL	leso	m	M.	3	ATTENDING PHYSICIAN	MEDICAT ST DIRECTOR PHYS	AFF SICIAN 🗌	224. DATE	1.86
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BP	(SPE	RIAL, CREMATION, REMOVAL Birial	236 DATE 4/3/8			emetery or or	metery	236. LOCATION CITY OF TOWN Hampden		OUNTY	STATE Maryland
DHMH-16 25M (VRA 15, 4) 1/79		eral director Name Alan Seitz, 3	Jr. 3818	ADDRESS Roland	Ave.	1211	APR	O 2 1986	REGISTR	AR'S SIGNAL	yrtæ6



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DE MONTH 2h HOUR (TYPE OR PRINT) ESTI-RUTH DEATH MATED THET MA -8-86 IF UNDER 24 HRS 2d HOUR DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED White Female 25 60 DEAD YRS 3-8-86 9:26F 70 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY! MARRIED X NEVER MARRIED USA WIDOWED . DIVORCED Baltimore City VD 3 TO THE ETAIN PAGE 5 SULD BE FILED CORDS, 201 O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore St. Agnes Hospital Housewife Home Baltimore CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Catonsville Thackery Ave 21228 YES NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Joseph Prevost Paul Grace Eleanora Maisel 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) NO 219-20-7074 James D. Officer Same as #13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION chronic obstructive pulmonary disease 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? (HEAD ONLY) RWARDED TO THE CHIEF R. PAGE 3 SHOULD BE USED E STATE DEPARTMENT OF H YES NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME. 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BAUTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 STREET WHILE AT WORK CITY OR TOWN COUNTY 220. I certify that I took charge of the remains de HEAD CNILY) Autopsy ond in my opinion Notural couses Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNED 3-9-86 EXAMINER'S NAME Margarita A. Korell, M. D. Orges 111 Penr Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Catonsville, Balto. Cremation 3-9-86 Security Process 07/B4 2544 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** Cremation Society of MD, Balto. MD (VR A15 ME (5))



Marshall W.Jones. Jr /4101 Edmondson Ave. 21229

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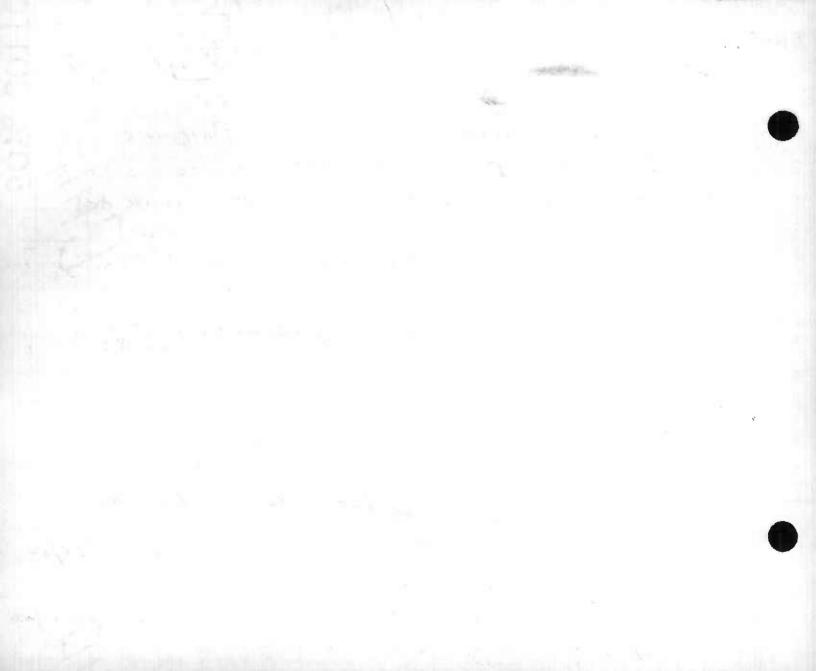
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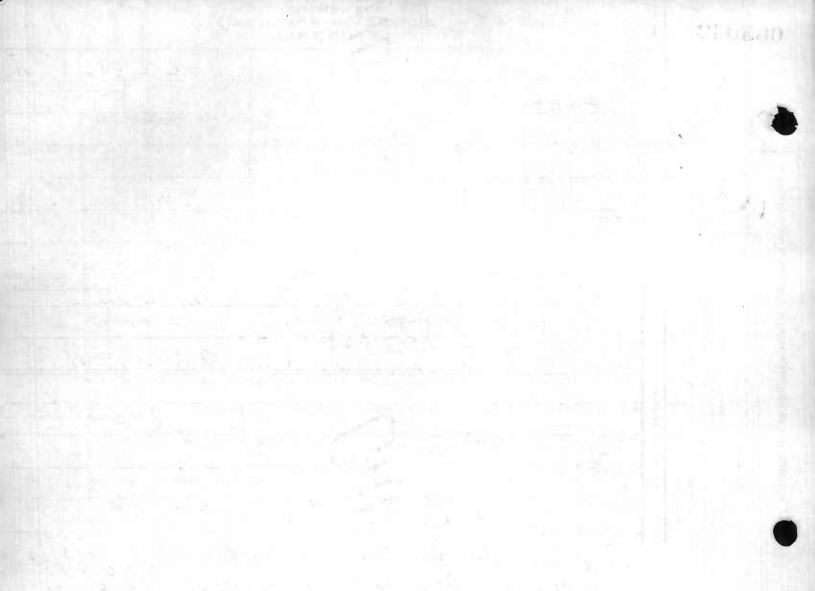
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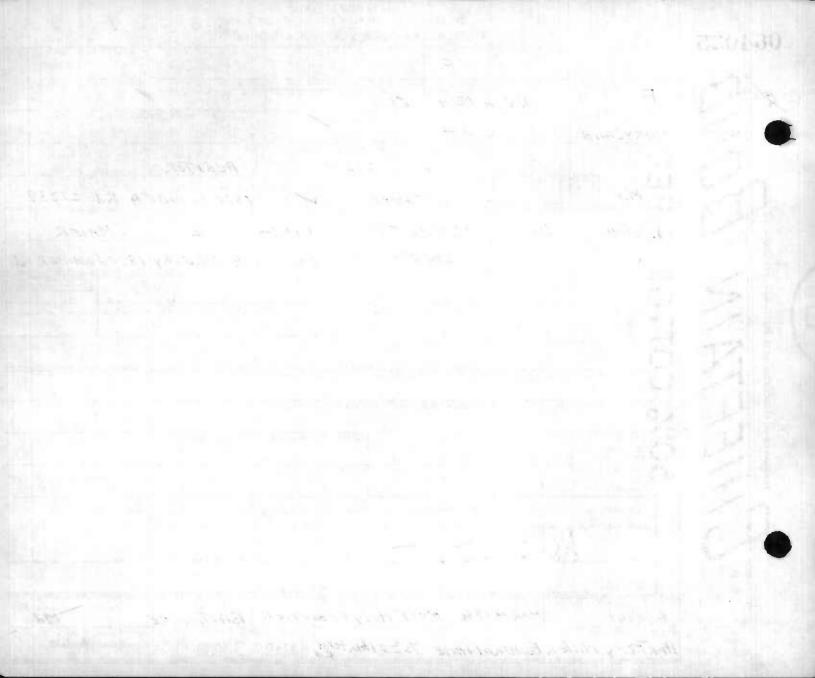
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1	SIGNATURE_	MV	NAN	8		M.D	Assist	tant ME	DICAL EXAMI	NER	DATE	3-1	-86	
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			ADDRESS		-	14.		DATE REC'D. B	Y REGISTRAR	17 4 100	0 0	~	RE .	,
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	3. SE 10. C	T. DECEASED NAME [TYPE OR PRINT] 3 SEX JO. BIRTHPLACE (SIST FOREIGN COUNTRY) MARY LAN 10 CITY OR TOWN OF BALLIMOTE SUAL RESIDENCE 130 STATE MA 14 FATHER'S NAME FINE CONTRIBUTION 18 CAUSE OF PART 1 DEP Condition gave ris couse (a) Lying caus PART 2 OTNER SIG NOTER SIG VALUE CONTRIBUTION TO NOTE SUITE TO NOTE SUITE EXAMINER'S NOTE SUITE EXAMINE	DECEASED NAME ITYPE OR PRINT) 3. SEX 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 10. CITY OR TOWN OF DEATH Baltimore SUAL RESIDENCE (IF IN NURSING HOME 130 STATE MD 14. FATHER'S NAME FIRST 160. WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (a) stating the under lying cause last. PART 7 OTHER SIGNIFICANT (ONDITIONS) 190. DATE OF OPERATION 190. DATE OF OPERATION 1910. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216. INJURY OCCURRED WHILE AT WORK 170. I certify that I took charded the resulted from: Natural STATE PART 1 OTHER SIGNIFICANT (TYPE OR PRINT) 1730. BURIAL, CREMATION, REMOVAL ISPECIEV) 174. FUNERAL DIRECTOR	REGISTRAR 1. DECEASED NAME [TYPE OR PRINT] OLRITA 3. SEX 4. RACE WWW. H.M. 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND 10. CITY OR TOWN OF DEATH Baltimore 13. STATE SUAL RESIDENCE [IF IN NURSING HOME OR OTHER INSTITUTION, OF ITALIAN SUCH FARM SUBJECT OR ITALIAN	T. DECEASED NAME [TYPE OR PRINT] OLRITA J. SEX A. RACE J. DATE OF BIRTH WWW. H, 1924 Jo. BIRTHPLACE (STATE OR FOREKON COUNTER) FOREKON COUNTRY) MARYLAND ID. CITY OR TOWN OF DEATH Baltimore Bull residence [IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE IN 13b. COUNTY III. NAME OF HOSPITAL, NURS III. NAME OF HOSPITAL, OR SESSIONAND III. NAME OF HOSPITAL, OR SESSIONAND III. NAME OF HOSPITAL, OR SESSIONAND III. NURS III. NAME OF HOSPITAL, OR SESSIONAND III. NAME OF HOSPITAL, OR SESSIONAND III. NAME OF HOSPITAL, OR SESSIONAND III. NAME OF HOSPITAL III.	TO ECEASED NAME [TYPE OR PRINT] OLRITA J. SEX J. BERTHPLACE (STATE OR NOW) JO. BIRTHPLACE	STATE REGISTRAR REGISTRA	TSTATE REGISTAR MEDICAL EXAMINER'S CERTIFICA' DECEASED NAME INFO CARRENT OLRITA OURCKY OURCKY OURCKY OURCKY OURCKY OURCKY IS BURTHPLACE (STATE OR PRINT) TO BIRTHPLACE (STATE OR DAY NOW H. 1/924	DEPARTMENT OF HEALTH AND MENTAL HYGIE REGISTRAR DECEASED NAME INTEGRATED TO CIRITA S. DATE OF BIRTH W. DOLLRITA G. DATE OF BIRTH W. DOLLRITA G. BIRTHPLACE (SIME OR MONTH) IS MONTH OR MONTH	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH INCREMENT OLICITA OLICITA DECEASED NAME INCREMENT OLICITA OLICITA OLICITA DECEASED NAME INCREMENT OLICITA OLICITA OLICITA DECEASED NAME INCREMENT OLICITA OLICITA OLICITA OLICITA OLICITA DECEASED NAME INCREMENT OLICITA INCREMENT OLI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CANADISTORY MEDICAL EXAMINER MEDICAL EXAM	THE ATTERS NAME STATE OF BRITH REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTAR NEGIT DECRASED NAME INCLUDING STATE AND STATE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTAR TOCKRETCOLOR OF BRITH STATE OF BRITH NEGIT OURDECY STATE AND STATE STATE OF BRITH NEGIT OURDECY STATE DATE STATE NEGIT OURDECY STATE DATE STATE NEGIT OURDECY STATE DATE STATE NEGIT OURDECY STATE DATE NOTH NEGIT OURDECY STATE DATE NOTH NEGIT OURDECY STATE DATE NOTH NEGIT OURDECY STATE NAME NEGIT NOTH NAME NEGIT NOTH NAME NEGIT NOTH NAME NEGIT NOTH STATE NAME NEGIT NOTH NAME NEGIT NOTH STATE NAME NEGIT NAME NOTH STATE N	DEPARTMENT OF HEALTH AND MENTAL HYGIENG REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH TOCKRESSIONAME INTO CLRITA F. OURDCKY OURDCKY F. BRITHAGE LOADE OF BIRTH S. DATE OF BIRTH S. AGE WALLS IN THE OUR STATE OF BIRTH S. AGE WALLS IN THE OUR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEGITAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEGITAR MEGITA



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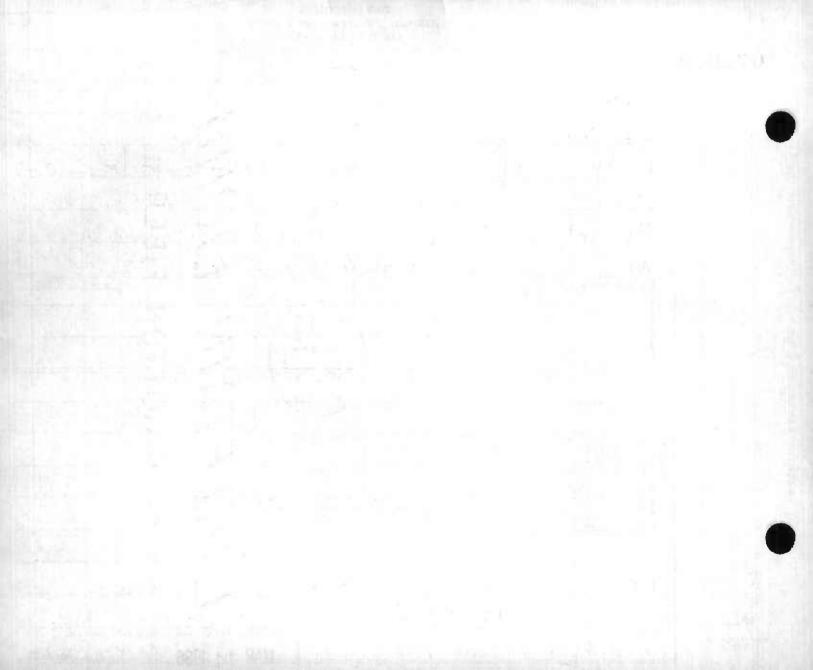
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STATE OF MARYLAND

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	1.	FOR	DEPARTMENT	OF HEALTH AND MENTAL HYC	SIENE & O	0/90/
0-0118		- STATE	CI	RTIFICATE OF DEATH		
0-0140	,	REGISTRAR			REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2 75	[14]	E OR PRINT)	1.	O	ス	120/86 615 1
2.0	_	Volot	N-	() wens	<i>3</i> -	
18 43	3.58	X 4	RACE 5. C	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
7 95		T-mala	/ White	MONTH DAY	76	
\$ F 5	-	FEILIEUC	1	3-2-10	YRS	
2 52 80	per	IRTHPLACE (STATE OR FORFIGN 7	B. CITIZEN OF WHAT COUNTY	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
S 22 3	S	COUNTRY)			B. Himo	C.1
4 54 72	-	1 10				
3 2 1 mm	10 0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING H	OME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
5 57 34	//	Bultimore Cil	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRE	33	116	
5 92 mgd			HER INSTITUTION GIVE RESIDENCE BEFORE ADMI		Houseufe	rune
9 27 4		STATE O THE COUNT	13-CITY OR TOWN	113d INSIDE CITY LIMITS?	130 STREET ADDRESS -ZIP CO	DF 3 11246
and 2 should be	1	max I	10000	A YES TO NO IX	1/0 120	1 60
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	-	WAS DESCRIBED FUED BLUE ABOUT	ED FORESCO IN COCINI CECINITY	NO IT DESCRIPTION	ADDRESS	
/ 1		(YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	
/ DIA	4	110 -	- 2/42407	35 (// 1/2	1/17	11
(B)	1		0110.100	- Charles	V. Whens	- anow
VI LET	100	II CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
200		PART I. DEATH WAS CAUSED	- 1'A . T	ary Assest		
1 000 0		IMMEDIATE	CAUSE (a)	017-111891		
d dig of			DUE TO, OR AS A CONSEQUENCE	OF		
2 1+55	1	Canditions, if any, which	1 10111			1 1
9 1962		gave rise to immediate	(6)			TWEEK
4 4855		cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF		500
3 613		underlying cause last.	(6)			
a plant			100			
2 646	1 7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	H BUT NOT KETATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART TIO
8 54 5	Õ					
1497	1 E	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
9 9 9 9	7 8					TIFYING CAUSES OF DEATH?
25 205 50	S #				YES NO X	YES NO
10 404.57	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE O INTURY IN ITEM I	8 PART 1 OR PART 2)
34 444 46		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY	YEAR		
On total	13	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
NG PHYSICIAN. The low-requir attending physician. Uter this certificate has been signs of a side than the period in a side of the side of	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
4 4 4 9 9	1 2	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, E	TC) STREET	CITY OR TOWN	COUNTY STATE
52 525		AT WORK		/		
69 X 49 B		220.1 certify that (1) (this haspite	all attended the deceased from	3 10 19 86) to 3 20	19 86 that (1) (we) last
A B B E E E			10 /- a w/.		death accurred an the date and h	
F 2 5 2 5		saw the deceased alive an abave, (1) (we) (did) (did nat)	view the bady after death.	, and that in (my) (bur) apinian	death accurred an the date and h	iour and from the causes stated
4 0 11 2 4		22b. SIGNATURE		DEGREE		22c DATE SIGNED
0 , 0 50 5		DI		ATTENDING	MEDICAL STAFF \/	3//
#T # # # # # # #		I W	le alu	PHYSICIAN [DIRECTOR PHYSICIAN	13/20/86
25 25 2	1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS		
HOSP HE S HE S ORTA	/ 1	D	11 1	1 5	VMT	
T 0 0 1 0			Mealy	10	NIV	
52 52134	776	BURIAL GREMATION, REMOVAL	1236. DATE 1 236 NAM	ON CEMETERY OR CREMATORY	123d LOCATION -	
	230	BUHIA DEMATION, REMOVAL	1 1 11 11	STEERI OR SEMAIORY	AN ORTOWN AD	STATE (MERIUS)
BP		Burial	13/22/86 Va	musor on	n Corlesson	8 DUNG NO
	24	UNERALDIRECTOR	- PAID -	LE LICE 1250 DAT	TE REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
DHMH - 16 60M 7/84	1	NAME	TII SUI ADDRESS C	WE LEGT . IN DAY	- 0 0000 // K	And Production
(VRA 15, 4)		HF I ARRALICO	OT H SEPERNAT	TARK IN SIMMAR	SO DESS SUMMERS	Wilder - Street
				THE SECOND CO. LANSING MICH.	AS TOTAL AT	

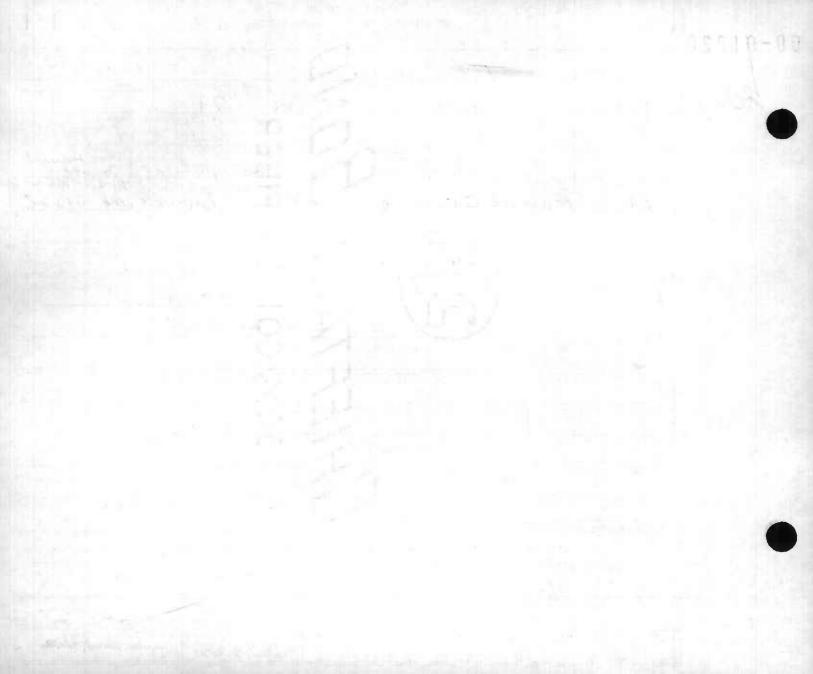
2	1.	FOR - STATE REGISTRAR		PARTMENT OF HI CERTIFI	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	REG. NO		y 0 8
072069		CEASED NAME FIRST ROBER	MIDDLE	ou	ens	20 DATE OF DEATH	3 - 10-86	26 HOUR
ge 4 may ector, poi	3 SE	× M	4. RACE	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR)	MONTHS DATE	
ieoth. Pornerol dir.		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUP	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH	MD
ofter of with	10 C	Balto	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE F/O/ NO 15		POTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTI	OF BUSINESS OR
filled In rould be		AL RESIDENCE (IF NURSING HOME O STATE 13b COU			134 INSIDE CITY LIMITS?	130. STREET ADDRESS	M+ Royal	2121
mpletely and 2 sh	14 F.	Ed ward	MIDDLE Ower	15	15. MOTHER'S MAIDEN NA	MIDDLE	Smit	i AST
on ond co		WAS DECEASED EVER IN U.S. AI YES NOOR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIA 1/2 WAR OR DATES) 220 =	38-4533	Viola Owe	15 /600 V	V. NH Royal 1	Ave 2147
NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours rather this certificate by a physician. The this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corban papers. Pages and 2 should be fill thand Mental Hyggene prior to burial, cremotian, or removal. Orked or them 18 shows any injury, or other traumotic event, the medical examiner must be as	NO	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	SEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	dition given in part	1101
he low re on. hos been t permit 1 ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
PHYSICIAN: The trending physicion trihis certificate hite beriol-tronsite hite beriol-tronsite and Mentol Hyguel	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONT	19	211. HOW INJURY OCCUR 211 LOCATION STREET	RRED (ENTER NATURE OF INJUI	30	2) STATE
DR ATTENDO hospital or IRECTOR: A thed for use lept. of Heal them 21 is m		220 I certify that (I) (this hasp		_1996. on	that in (my) (aur) opinian		ate and haur and fram t	, that (I) (we) last the causes stated ATE SIGNED
TO HOSPITAL Oretoined by the TO FUNERAL D should be detected with the Store D IMPORTANT: If		22d PHYSICIAN'S NAME (TYPE	ORPRINI) eple bayon	- /81	27. ADDRESS 6	MEDICAL STAF	and 31	10/86
BP	230.	BURIAL, CREMATION, REMOVAL ASPECIEVIAL	3-13-86	6 /	METERY OR CREMATORY	Balto.	COUNTY	Md. STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 E	as A. Morta	ow & Sons ADI	orismon La		TE REC'D. BY REGISTRAR		



1 - STATE REGISTRAR			
U U J W KEGISTRAK	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	07909
T. DECEASED NAME	4 A. Pacicco	20 DATE OF DEATH MONTH	7/86 26 HOUR 30
A THE REAL PROPERTY OF THE REA	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MUNICER LYBAR HUNDER ZA HID MONTHS DAYS MOUNT MAL
The BIRTHPLACE CHARGE TO C	CITIZEN OF WHAT COUNTRY? 8	9 BALTIMORE CHY OR COUN	TY OF DEATH
Sowest Virginia	MARRIED NEVER MARRIED WIDOWED DIVORCED	Salta 120 USUAL OCCUPATION	126 KIND OF HUSINESS OR
11 10 Balto >	Moson F SKMC	TYPE OF WORK FOR MOST OF WORKING	
13 STATE THE COUNTY	ISC CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	Nton Street
IN FATHER SNAME MODE	15 MOTHER'S MAIDEN NA	ME MIDDLE	D I LAST
IM WAS DECEASED EVER IN U.S. ARMED	PFORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	257 5. ROBINSO
(18 NO OR UNKNOWN) (18 YES GIVE WA	IT 159-12-0503- MR JAME	s DeLuca	St. 2122
PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF II) IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM		
2321 / 1	19b. Condition for which operation was performed	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
The Control of the	216. TIME OF INJURY 21c. HOW INJURY OCCUR	DED (
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	KED (ENTER NATURE OF INJURY IN ITEM !	8 PART I OR PART 2}
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR	CITY OR TOWN	8 PART I OR PART ?) COUNTY STATE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 11. IN JURY OCCURRED 220.1 certify that (1) (this haspital)	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) Ottended the deceosed from	CITY OR TOWN	COUNTY STATE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 14 INJURY OCCUPRED ALMONICOLOGICAL CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) Ottended the deceosed from 19, ond that in [my] (our) opinion DEGREE	CITY OR TOWN 7 6 7 6 7 6 7 6 7 7 7 7 8 8 9 10 10 10 10 10 10 10 10 10	COUNTY STATE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 11. IN LURY OCCUPIED 220.1 certify that (1) (this haspital) saw the deceased alive an abave, (1) (we) (did) (did not) vis 776. SIGNATURE 774. PHYSICIAN'S NAME (TYPE OR PA	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) Ottended the deceosed from 19 ew the body after death.	CITY OR TOWN	COUNTY STATE , 19 66 . that (I) (we) last our and from the causes stated
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 11. IN LINY OCCURRED 220.1 certify that (I) (this haspital) saw the deceased alive an abave, (I) (we) (did) (did not) vis 776. SIGNATURE 274. PHYSICIAN'S NAME (TYPE OR PA	P.M. 19 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) Ottended the deceosed from 19 0, ond that in Imy) (our) opinion ex the body offer death. DEGREE ATTENDING PHYSICIAN [17]	CITY OR TOWN 6, to 3/17 death accurred an the date and h MEDICAL STAFF DIRECTOR PHYSICIAN A Coston Que	COUNTY STATE , 19 6 , that (1) (we) last our and from the causes stated 27c DATE SIGNED
OR CONTRIBUTING CAUSE OF BEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 14. INJURY OCCUPAND 220. I certify that (I) (this haspital) saw the deceased alive an obove, (I) (we) (did) (did not) vis 77t. SIGNATURE 22d. PHYSICIAN'S NAME (IVPE OR B)	Ottended the deceased from 19 OEGREE ATTENDING PHYSICIAN 19 224 ADDRESS	CITY OR TOWN C. to 3 / 7 death accurred an the date and h	county state , 19 66 that (I) (we) last our and from the causes stated

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	e m =			CEASED NAME	FIRST		DN ME		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b, HOUR
	oy b	100	A CE1			Y.	PALME		AF DIDTH	3-18-86	BIDTUDAY) IEI	INDER 1 YEAR	2:15 HM
	4 m		3. SEX		4 K			5. DATE C			MON		HOURS MIN.
	e de	1/1	- 01	Male		Caucas		June	22, 1910	75	YRS	DEATH	
	deoth. P	Xe	De	RTHPLACE (STATE OR FO		USA	what country?	WIDOWE		Baltimore city	imore Co	ty	MD.
10	y offer o	September 1	1	TY OR TOWN OF DEA			HOSPITAL, NURSII HEACILITY, GIVE STREET HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUP.	TOF WORKING LIFE)	INDUSTRY	BUSINESS Cio nstruc-
212	hoon	2/1/	USU/ 13a S	AL RESIDENCE (IF NURSI	UN COUNTY	ER INSTITUTION.	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP CODE	40	1999
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RYL	4 10	1200	94 FA	ATHER'S NAME	MIDD	OLE	LAST		15. MOTHER'S MAIDEN N	AME		LAST	
AA	pa.	180	1	Harry	7	ML	Palmer		Anna			Wingat	se
ORE,	y y y	100		VAS DECEASED EVER I	N U.S. ARMED	FORCES?	166 SOCIAL SEC		17 INFORMANT	ADI	DRESS		
IW	S. Po	-		no			184-07-4	102	Carole A. M.	edd	same	as 13e	
RECORDS, 201 W. PRESTON ST., BA	es that the med by the please reurial, cree		CERTIFICATION	Conditions, if ony, gove rise to imm couse (a), storing underlying couse PART 2 OTHER SIGN 190. DATE OF OPERAT	which ediote the lost	DUE TO, OI (b) DUE TO, OI (c) IDITIONS CC	RAS A CONSEQUENCE AS A	ENCE OF LIVE	NOT RELATED TO THE TER WAS PERFORMED	Lamarlo MINAL DISEASE OR CO	20b. IF YES, W	IN PART 100	GS USED
AL R	The la	No.	RTIF	3/15/8	6	Ead	bronch	il-	bauartra	YES NOT	IN CERTIFYIN YES	-	NO [
JF VII	physicol phy	B 18		21a. ACCIDENT WAS UNDI	AUSE OF DEATH	HOUR A.	M. MONTH D		21c. HOW INJURY OCCU	RRED (ENTERNATURE OF I	NJURY IN ITEM 18 PART	I ORPART 2)	
DIVISION OF	offending offending ter this cert is the burial hand Ment	rked or the	MEDICAL	CIFEITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ED	P.A 21e PLACE ((AT HOME STR		FARM, ETC.)	21f LOCATION STREET	CITY OF	NWOTS	COUNTY	STATE
	TTENDIP pitol or TOR. A for use of of Healt	Sl is mo		220.1 certify that (1) sow the decease above, (1) (we) (d	d alive on	3/	17 192	3/1	nd that in (my) (our) apinion		dote and hour or		hot (I) (we) lost ouses stated
	ITAL OR A by the has by the has RAL DIREC detached detached	ANT: If her		22b. SIGNATURE	lech	Bal	er l	U		MEDICAL S	TAFF SICIAN 🗌	3/18	1GNED 8/86
	O HOSPITAL etained by the TO FUNERAL should be det	pm #		COMPRESIONAL STATES	un B	Dav	idsan		220 ADDRESS	Hospita	/		
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1.	FOR STATE REGISTRAR		DEPART		EALTH AND	MENTAL HYG DEATH		EG. NO.	, ,	
		CEASED NAME FIRST		WIDDLE	l	AST		20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
	11.11	Sylv	io	F.	Par	nichell	.0		March 18	. 1986	M
	1.50		4 RACE		5. DATE C	OF BIRTH		6 AGE IN YEARS		IF UNDER I YEAR	
	Ma	1e	White		MONTH		1914	7	l yrs	MONTHS DATS	HOURS MIN.
30	7a. BI	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY	8				CITY OR COUNT	Y OF DEATH	
2		ennsylvania	U.S.A.		MARRIE	DE NEVER	WARRIED W	Baltim	ore City		MD
		ITY OR TOWN OF DEATH		HOSPITAL, NURSI				12a USUAL OCC			OF BUSINESS OR
/	Da	144		CH FACILITY, GIVE STREET					MOST OF WORKING		
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B	H FA	THER'S NAME FIRST	MIDDLE	AST		IS. MOTHER	FIRST		IDDLE	ŁA!	ST
Z		chael		Paniche			cetta	J. Facili		Cir	rucci
2		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	INA		ADDRESS		
1	No			216-10-	4243	Helen	W. Pan	ichello		Same	as 13e
0	ATION	Canditions, if any, which gave rise to immediate cause (p), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19 DATE OF OPERATION	DUE TO, CO	IR AS A CONSEOL ONTRIBUTING TO ONTRIBUTING TO OTHER TO THE THE TO THE	DEATH BUT	LUN	9 013	TINAL DISEASE OF BOLL 1200 AUTOPS:		IVEN IN PART 1	
1	FF	DATE OF OPERATION	176 COND	IIION FOR WHICH	TOPERATIO	N WAS FERI	DRMED		IN CERT	TIFYING CAUSES	S OF DEATH?
1	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A	OF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTERNATURE	OF INJURY IN ITEM 18	PART ORPART 2)	
	MEDI	21d INJURY OCCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATI		CI	TY OR TOWN	COUNTY	STATE
		10.1 certify that (1) this has saw the deceased alive above, (1) the tricked (did	on_ 10 /1	1BRChio		DEGREE	ATTENDING	death accurred as	STAFF		that (I) (we) last e causes stated E SIGNED
		ENVETH	B. Le	wis, n	11)	27e ADDRES				. Bolt	mone P
		BURIAL, CREMATION, REMOV.	AL 236 DATE	23¢	NAME OF	EMETERY OR	CREMATORY	23d LOCATIO		COUNTY	STATE
9		rial	3/22	/1986	ulane	v Valle	ev			_	Made 82
		JNERAL DIRECTOR DIA						E REG DOBY RECH	STOM 25h REGIS	TRAPHYSIGNAT	

Dundalk, Maryland 21222

DHMH - 16 60M 7/84 (VRA 15, 4)

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1-	FOR STATE REGISTRAR			ICAL EXAMIN			0 (REG. NO.	7 9	16
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是是人	Baltimor	e	St. Agne	PITAL, NURSING HOM PILITY, GIVE STREET ADDRESS) S HOSPITA ERESIDENCE BEFORE ADMISS	1	NSTITUTION	Priver		ORIN	cking
13a	STATE Maryland	136 COUNT	Y	Baltimor	e 13d.	INSIDE CITY LIMITS?		inor Rd.	2	1229
160	James	EVER IN U.S. ARM	MIDDLE W.	Parker Tibb. SOCIAL SECURIT		Gertrud			warren	
100	NO OR UNKNOW	VN) (IF YES, GIVE W		215-05-16			ker - 370	address Br. 00 Old Hea	arne Ro	1.
HEALITH AND MENTAL HIGHEN, AL, CREMATION, OR REMOVAL.	gave risc cause (a) lying caus		(c)	AS A CONSEQUENCE		CONDITION GIVEN IN PA	RT 1 (a)			
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DEPARIMENT DI PRIOR TO BU	21a EXTERNA UNDERLYING CONTRIBUTION 21d INJURY O	OR IG CAUSE OF D	EATH P.M.	INJURY MONTH DAY YEA 19 FINJURY (ATHOME.	R 21f. LOCAT		D LENTER NATURE OF IN	JURY IN ITEM 18 PART I C	OR PART 2)	
21201 F	AT WORK			DRY, FARM, ETC.)	STREE		CITY OR TO	WN	COUNTY	STATE
BALTIMORE, MARYLAND	22a I certification of the second of the sec	d from: Nature	[-a]	D-	M.D.	111 1	Undetermined m L MEDICAL EXAM Penn St.,	onner ,		1 -86
BALTIMORE H		ION, REMOVAL 23		23c. NAME OF CE	METERY OR CI	REMATORY	23d LOCATION CITY OR TOWN SURESVI		iroll	Marylar
NH - 17 5 ME (5))	ENTERAL MIREC	PRUSSELL	C. Witzk	e Funeral	Homes 1	A 250 DATE	REC'D. BY REGISTRA	AR 256 REGISTRAR	R'S SIGNATUR	

STATE OF MARYLAND

070174	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 8 6	0791;
9 0.4 9 9 9	1. DECEASED NAME FIRST	» T	Parker	20 DATE OF DEATH	MONTH DAY YEAR 126 HOURS
octor octor	1 Female	4 RACE White	S. DATE OF BIRTH MONTH DAY YEAR 04 77 04	6 AGE LIN YEARS LAST BIRT	THOAY) IF UNDER : YEAR IF UNDER : 4 HRS MONTHS DAYS HOURS MIN,
1 12 35	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED NO NEVER MARRIED	Baltimore City of	R COUNTY OF DEATH
138	Balty more	11. NAME OF HOSPITAL, NURSI HENOTIN SUCH FACILITY, GIVE STREE UNE VELSITY OF	Maryland Hospital	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 126 KIND OF BUSINESS OR
36			RE ADMISSION) WN 13d INSIDE CITY LIMITS? YES NO 1	130.STREET ADDRESS /	ZIP SODE 800 2161
and 2 st	14 FATHER'S NAME FIRST ONE	MIDDLE Parke	15 MOTHER'S MAIDEN NA		PARSON
12		RMED FORCES? 166 SOCIAL SEC 214-10-		KINS DEL	MAN, MO 21875
physics populations manual travers, R	PART L DEATH WAS CAUS	only one cause per line far (a), (b), a SED BY: ATE CAUSE (b) CARD			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death to be extended on comments of a check of	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (b) INCRES DUE TO, OR AS A CONSEQUENCE (c) SUBD	JENCE OF		source 14 Days
equires then plant then plant injury, o	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 110
The low	Fcb 18. 1986	SUBSURAL 14	H OPERATION WAS PERFORMED	YES NO NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
G PHYSICIANS otherding physics this certification in the certification on Avertal Hysical Condition in the condition in the condition in the condition in the certification in th	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMINA 216 IN JURY OCCURRED WHILE AT WORE AT WORE	EATH HOUR A.M. MONTH	18 186 Patient fc	11 staking	head course subdura
CTOR AL	22a. I certify that (1) (this has	oital) ottended the deceased from,	teb 18 19 84	D to MAR 4	19 86 that (1) (we) last
TALORY THE DEP	225 SIGNATORE	Tel.	M. O. PHYSICIAN L	MEDICÁT STAF DIRECTOR PHYSIC	FER A MAY 1986
O HOSP Fronted by Manual be Manual by Manual by	CORBETT GI	CANT PECK.	QUESEC,		AVE, COTE ST. LIC.

DHMH - 16 60M 7/84 (VRA 15, 4)

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ANN STANTON CONTRACTOR OF A ST

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

WM.C. MARCH F/H INC. 1101 E. NORTH AVE.

250. DATE REC'D. BY REGISTRAN SS. RI

hena Davidson-Mandales

STATE OF MARYLAND

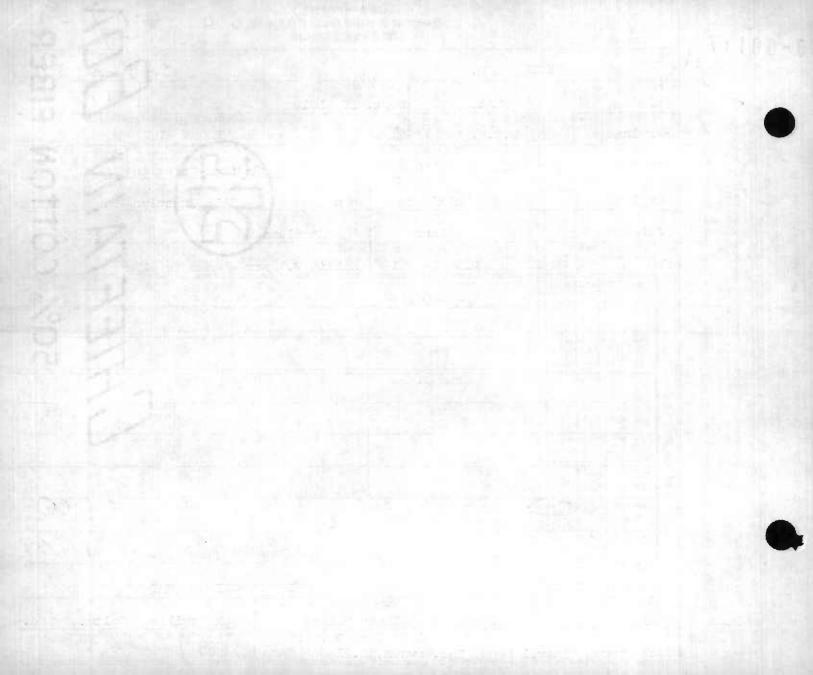
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DHMH - 16 60M 7/84 (VRA 15, 4)

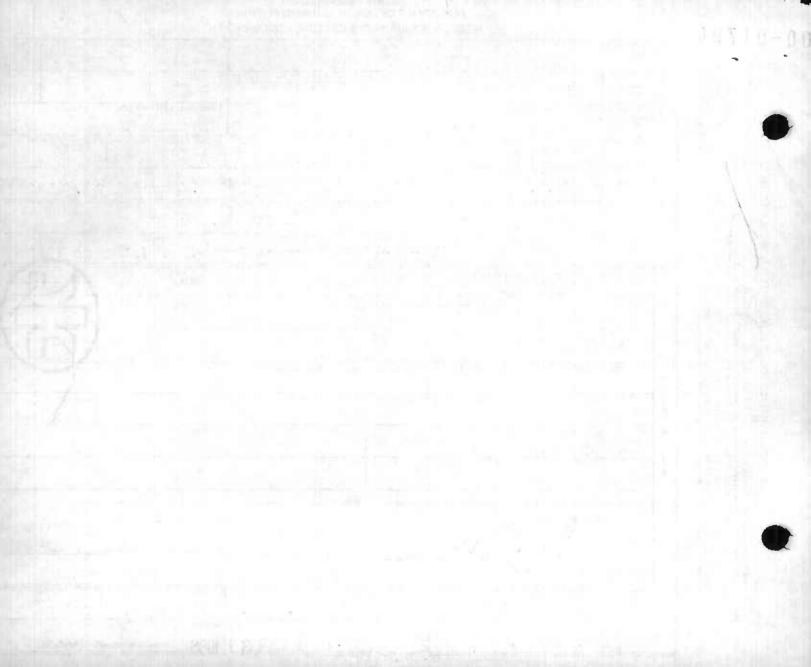
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within a latter death. Pretained by the hospital or attending physician.	ed within it four the death.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely little in 1,111 funeral a should be detached for use as the burial-transit permit. Then please remove carbanopapers. Pages I and 2 should the first with the State Deat of Health and Mental Hygiene prior to burial, cremation, or removal.	npletely litter in Ex. th. funeral of ond 2 should be than 72 h
IMPORTANT: If them 21 is marked at them 18 shaws any injury, at ather troumatic event, the medical exominer manner of the standard exominer manner.	xeminer miner and ance
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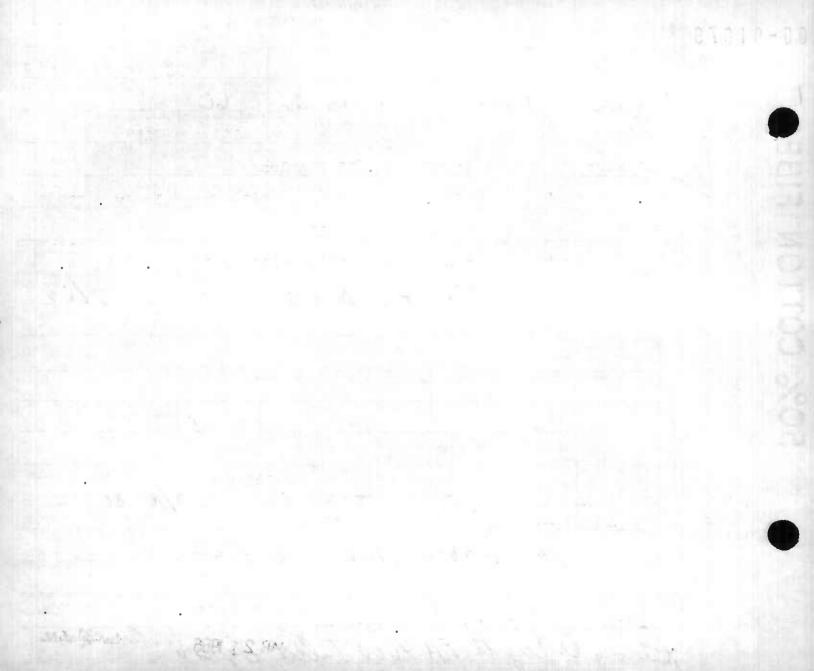
	1.	FOR STATE	DEPAR	IENE 8 6	0	7 9	2						
0117		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).						
の で生 人人	1. DEC	EASED NAME FIRST RAYMON	ID F.	PAR	R.	20 DATE OF DEATH	9 86	3:45 am					
you and	3 SE>		4. RACE	5. DATE (OF BIRTH	& AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS				
ge 4 r		le	White	Sept	. 25, 1910	75 YRS MONTHS DATE HOURS MIN.							
ral dir		RTHPLACE (STATE OR FOREIGN) OUNTRY) TY Land	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIE	DEVER MARRIED	- I BALTIMORE CITY							
th fune	10 CI	TY OR TOWN OF DEATH LTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE UNION MEMORIAI		OR OTHER INSTITUTION	128 USUAL OCCUPATION 128 KIND OF BUSINESS O (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY							
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and and a		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN] IF YES GIV	E WAR OR DATES)		Nellie V. Pa	arr - Same a	Δ						
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an. has been permit. I permit. I ene priar aws any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES					
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G PHYSI attending er this ce the burn and Mei	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET EACTORY, OFFICE		21f LOCATION STREET	CITY OR TO	NN /	COUNTY	STATE				
TENDING 10 or of or of or use as 1 Health		220 I certify that I can haspi	tal ottended the deceased from		nd that in (My) our) opinion	death occurred on the do	5 ote and hour	ond from the	tho we lost				
the hospital DIRECT In DIRECT Istached for the Dept of T. If them 2		226 SIGNATURE	rigor the body after death.	1	MEDICAL STAR	F	The DATE						
etained by TO FUNERA should be de with the Stal		22d PHYSICIAN'S NAME (TYPE O			22e ADDRESS	MEMORIAL HO		L					
TO House with IMPO	23a B	URIAL, CREMATION, REMOVAL		. NAME OF	DEMETERY OR CREMATORY	23d LOCATION							
BP	1	SPECIFY) rial	3-11-86	Dulan	ey Valley	Cockeysvi		Balto.					
DHMH - 16 60M 7/84		INERAL DIRECTOR	ector ADDRESS 1050 York Rd. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. WISON Francis Home Tro. Towson, Md. 21204 MAR 1.3 1986										



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00-01/94	1. DE	REGISTRAR CEASED NAME	FIRST	141121	MIDDLE	AMIII	EK 3 C	AST	AIEOI			REG.		NTH DAY	WEAD.	In House
w Town		E OR PRINT)			Ann		72.7	1011		4	Or	KNOWN ESTI-	_			26 HOUR
E SESSE	SE	(CARO:	5. DATE OF BIRTH	AIIII	6 AGE (IN YE		YNE DER I YR. T	IF UNDER 2	A HDC		MATED	☐ 3	29	1986	M
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AND THE PAGE S	10. €	Ral+im	3"	II. NAME OF HOS			HO U	AL OCCU	PATION (RK 12b K	126 KIND OF BUSINESS OR INDUSTRY				
2 PO	Baltimore South Baltimore General Hosp. Baltimore General Hosp. Bound Baltimore General Hosp. Baltimore G															
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1 2000	b	ATHER'S NAME FIRST	George	E. Wis	e	AST		15. MOTHER	R'S MAIDEN	e E	3. P	urd y			LAST	
ON TO SEE SEE	16a. \	VAS DECEASED	EVER IN U.S. ARA			IAL SECURIT		17 INFORM	ANT			ADDRE	SS			
E A PER STORY	1	ES, NO OR UNKNO	WN) (IF YES, GIVE)	WAR OR DATES	214	-40-]	794	Clar	ence	Pay	ne,	Jr.	(sar	ne a	s 13	e)
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EZEZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		lying caus	se last.	(c).												
DIVISION OF VITAL RECOLDS CRETIFICATE SHOULD BE EXERTING THE WORD "PENDING ROED TO THE CHIEF MED SE 3 SHOULD BE USED AS A BUE DEPARTMENT OF HEATTH OF PROPERTY.	NO	PART 2 OTHER SIG	SNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH I	UT NOT RELAT	EO TO THE TERM	INAL OISEASE	OR CONDITION	GIVEN IN PART	I to						
TAL RECC HOULD BE RD "PEND LHEF AS, OF HEALT RIAL, CRE	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDIT	ON FOR V	VHICH OPER	ATION WA	AS PERFORA	AED?				11	20	AUTOPSY'	
S YITALI E SHOUL WORD "F E CHIEF E CHIEF INT OF H	E			A South											YES 🔀	NO 🗆
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ASSION TISSION TING THE TO TO TO TO TISSION TI	S	CONTRIBUTIO	OR G CAUSE OF D	DEATH P.M.	0100			ject j	ingest	ed d	drug					
S GERT RRITING RRITING SE 3 SF SE DEP	MEDICAL	21d INJURY O		21e PLACE C	F INJURY ORY, FARM, ET	(AT HOME,	21f. LOC	ATION			CITY OR TO	14/61		COUNTY		STATE
DIN THIS C WARDI WARDI PAGE (1	AT WORK	NOT WHILE AT WORK		ome	.,	203	3 W. A	Arunde	el Ro		ne A	runde		id.	SIAIE
		220 certif	v that I took charai	e af the remains desc	ribed abov	e, held an	Autapsy	X	Inspection		Inquiry		and in m	y opinion		
EXAMINER: CERTIFICATI ULD BE FOR DIRECTION I, WITH THE		death resulte			Accident		icide .	Homici			rmined me	_],	у оринон		
E CER OULD OULD WHY WHY WAR		ACTUAL	MA	() NX				ASSIS					DA	TE	3-29-	06
SE ANTE		SIGNATURE_	111	771	-	_		HSSIS	starit	MEDIC	CAL EXAM	AINER	SIC	GNED	3-23-	00
TO MEDICAL EXA EXECUTE THE CER PAGE 4 SHOULD TO PUNIENT DIR AFIER DEATH, W BALTIMORE, MAR		EXAMINER'S N (TYPE OR PRIN	11)	M. Dixón,				DDKE33_	L11 Pe			Balto	D., 1	4D 2	1201	
07/84 BP 9 3	23o.B	URIAL, CREMAT	ION, REMOVAL 23	4/1/198		ame of CEA eadow				23d. LOC CITY O	RIOWN	t imo	re	оинту	ylan	ATE .
25M		JNERAL DIRECT							Se. DATE RE							
DHMH - 17 (VR A) 5 ME (5))	G	eorge	J. Gond	ce, 4001	Ritc	hie H	awv.		MAD	71	4000			dana Z	bnde	115
				B altim	ore,	MD . 2	1225		TVIAIT	21	HAD	17			10.50	



(VRA 15. 4)





4600 Lib. Hghts. Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

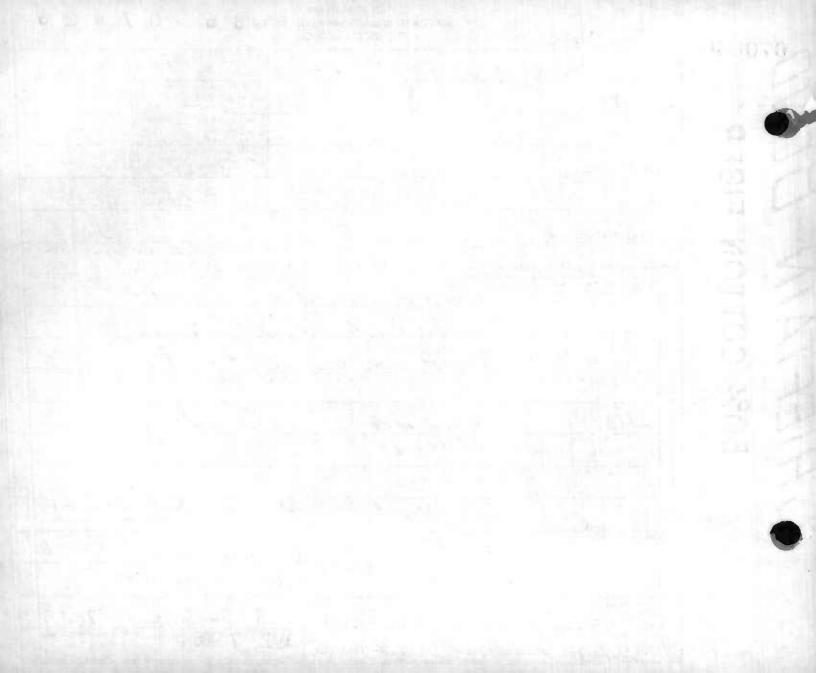
- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

Dyett

orionscel	1-	FOR STATE REGISTRAR MAX	D	EPARTMENT OF I	EALTH AND MENTAL H	IYGIENE 8 6	07925
070086	1. DEC	EASED NAME FIRST OR PRINT) MA	WIDDLE	PERL	MAN	20. DATE OF DEATH MON	15/86 5.45 AM
ge 4 mo	3. SE	M	4 RACE	5 DATE (H DAY YEAR		YRS DAYS HOURS MIN.
the funeral di within 72 ha	10. CI	RTHPLACE (STATE OR FOREIGN (OUNTRY) USSIA TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	MARRIE WIDOWI	D NEVER MARRIED DIORCED DOROTHER INSTITUTION	120 USUAL OCCUPATION (TYPEFOF WORK FOR MOST OF WOR	126 KIND OF BUSINESS OR
MARYLAND 21201 ed within 24 hours o mpletely filled in by ond 2 should be filed	130 S	PALTIMORE AL RESIDENCE IF NURSING HOME TATE 136.CO	UNITY 13c. CITY C	CE BEFORE ADMISSION) DR TOWN LIM ORE	134 INSIDE CITYLIMITS! VES D NO D	1313 POPUL	AR STREET 21216
waky	II4 FA	THER'S NAME FIRST ULL KNOWN	,	AST	15. MOTHER'S MAIDEN	MIDDLE	SACHS
n ond cor Poges	()	VAS DECEASED EVER IN U.S. A		-54-3270	1	CILAR ST	NURSING HOME
he death certificate lead to the control of the con		PART I. DEATH WAS CAU	DUE TO, OR AS A CO	NSEQUENCE OF	espirat colorg	ar Faille	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the sign of the property of the	ATION	underlying couse lost.	T CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TE	ery fract ERMIDAL DISEASE OR CONDITION 1280 AUTOPSY? 1206	ON GIVEN IN PART 110
CIAN: The low 9 physicion. errificote hos b 10-fronsit perm miol Hygiene pr	L CERTIFICATION	2/18/86 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING _ CAUSE OF E	CECUTE CIL	IN DAY YEAR	n	YES NO NO IN INCOME IN INC	CERTIFYING CAUSES OF DEATH? YES NO NO
MVISION OF PHYSIC offer this cer sthe burion is the burion in and Ment orked or their	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK ALL WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIF OSPITOR ALTENDIF OSPITOR ALTEND		220.1 certify that (1) this has sow the deceased glive a above, (1) (worldid) (did 22b. SIGNATURE	7150	19 86 0	nd that in (my) our opini		nd hour and from the couses stated
by the h		Z. A 22d. PHYSICIAN'S NAME (TYP	L. Sahry	£"	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	3/5/86
O HOSPITA etoined by TO FUNERA sishould be do with the Sto		Z.N	. CAHIJ		<u> </u>	theran Hos	rital
BP	1	SACIEY, CREMATION, REMOVA	3-13-86	MT,	ZION	- Biltim	rary md
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	MERAL DIRECTOR	Tonesal Home "	230231	- northand	AAR 1986 AR 1960	REGUERARE



0-02083	1.	FOR STATE REGISTRAR	DI	PARTMENT OF	E OF MARYLAND REALTH AND MENTA REALTH OF DEATI		REG. NO.	7 9	2 7
0 0 2 0 0 0		CEASED NAME FIRST	WIDDLE		LAST			DAY YEAR	2b HOUR
1 %	[179]	DR HORAL	CE CARDRE	W PE	ERRIN	3/25/	86		1.420 M
2 8 9	3 SE		4 RACE	S. DATE	OF BIRTH	6 AGE (IN YEAR	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
-1 1177		MALE	BLACK	8	3 189		YRS	DA13	incons project
1	7a. B	RIHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	D NEVER MARRIE	BALTIMORE	CITY OR COUNTY	OF DEATH	
	S	CAROLINA	U. S. A.	WIDOW	ED X DIVORCE	D BALTI		Υ	MD.
6	l va	ALIM ORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GE	VE STREET ADDRESS)		120 USUAL OC (TYPE OF WORK FO	R MOST OF WORKING LIF		VERSITY N STATE
2	UsU	AL RESIDENCE LIF NURSING TOME O	OR OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)		THE RELEASE	DRESS / ZIP CODE	2004 Wh:	ittier Av
2 2 11 15		MARYLAND		IMORE	YES [X] NO [Raltim	ore, Mary	land '	21217
1 12		THER'S NAME		AST	15. MOTHER'S MAID	DEN NAME	4 6 - 4 - 4	10110	
THOO		Daniel	Perr		Rowenn		AIDDLE	Cari	r
# D D D		VAS DECEASED EVER IN U.S. AI		AL SECURITY NO.	17 INFORMANT		ADD 780 Wi		urne Road
DWI		Yes WW		6-7369	Cardrienn	e P. Griffi	n Baltimo	re. Md.	. 21216
ORDS, 201 W. PRESTON requires that the death or signed by the ottendin to then blease remove cark or to buriol, cremation, or y injury, or ather troumatic.	TION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COL	NG TO DEATH BU	Ment agrication of the control of th	HE TERMINAL DISEASE C	PR CONDITION GIV	EN IN PART 110	01
AL REC	TIFICATI	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPS	IN CERTIF	S, WERE FINDING CAUSES	NGS USED S OF DEATH? NO
VITANIE TANIE TANI	CERT	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c HOW INJURY	OCCURRED (ENTER NATUR	OF INJURY IN ITEM 18 P	ART (OR PART 2)	
SKCIV ng p	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19		MIT BE IN		38141	
DIVISION OF VIT AL RECORDS ING PHYSICIAN: The law requi offer this certificate has been sig as the burial-transit permit. Ther th and Mental Hygiene prior to orked or Item 18 shows any injur	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY		ZII LOCATION	C	ITY OR TOWN	COUNTY	STATE
VDIN Lor of Aff		22a.1 certify that (1) (this hasp	oital) attended the deceased	from 2 47	month, 19	86 to 25	in mente	19.86	that (1) June) last
Spring Sp		sow the deceased alive at above, (1) (we) (did) (did no	n 25th merch	19.86,0	nd that in (my) (aur) a	opinion death accurred a	n the date and hou	r and from the	causes stated
OR OR OR DIRE		22b. SIGNATURE			DEGREE	DING MEDICAL	STAFF	224 DATE	SIGNED
F 0		A Brice			PHYSIC	CIAN DIRECTOR		13/3	25/86
CO HOSPITAL etonined by 1 TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (TYPE	C. MICT		22e ADDRESS	VIDENT H	tospiTAL,	R 14 7	1805
O o o o o o o o o o o o o o o o o o o o	230	BURIAL, CREMATION, REMOVAL		23c NAME OF	CEMETERY OR CREMA			istic IIn	
BP		(SPECIFY) Burial	3/29/1986		Memorial	CITY OR	IOWN	nore, Ma	arvland
DHMH - 16 60M 7/84 (VRA 15, 4)		NOTAPREW Sons F 501 Gwynns Fall		Inc.		MAR 26	1986 Julia	PARSSIGNAT DAVIDON	Mandalla

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

2	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTA		ENE 6 6) /	7	4	0
		CEASED NAME FIRST	N	NIDDLE	i	ASÍ		20 DATE OF DEATH MONTH	DAY YE	AR	26 HOUR	
A	The state of	BURNICA	- 1	3	PER	RY		3	20 8	36	030	6 M
V	3. SE)	(4 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I	YEAR	IF UNDER 24	HRS
	1	FEMALE	CAUCA	SIAN	MONTH	DAY YEA	AR 8	68 YRS	MONTHS	DATS	HOURS	MIN.
7-	7g. BII	RTHPLACE I STATE OR FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY OR COUNT	Y OF DEA	TH		
5	(OUNTRY	USA		MARRIE	7	D L	-				
20	10. CI	USA-PENNA.	- 1	OSPITAL NURSIN	G HOME C	D DIVORCED	- band	BALTIMERE CI		ND OF	BUSINESS	MD.
1	B	ALTTIMARE !	(IF NOT IN SUCH	FACILITY, GIVE STREET A	ADDRESS)	+EAUTH SY	10.1	TYPE OF WORK FOR MOST OF WORKING L	IFE) INDU		000114230	, 011
-		AL RESIDENCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE	ADMISSION)					-		
5	13a S	MAI	RFORD	ABERDER		13d INSIDE CITY LIMI YES NO 12		130 STREET ADDRESS / ZIP COD		214	2 21	001
1/	14 FA	THER'S NAME				15. MOTHER'S MAIDE	ENNAM	E				
0		NOT KNOW	MIDDLE	LAST		FIRST	KN	OWN MIDDLE		LAST		
h		VAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		210	or t	
1		YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	204-01	-606	DONALD L.	PER	24.1818 PARIC BEACH				Mo.
		18 CAUSE OF DEATH (Enter o	nly one couse per				1.4-1.	110101111111111111111111111111111111111			NATE INTERVA	
		PART I. DEATH WAS CAUS	TE CAUSE (a)		ARRE	ST /ARRIT	LYTA	14A			MOET AND OC	2111
	-	IMMEDIA			1110	3/ / 15-511	777					
	- 1	Conditions if any still		AS A CONSEQUE		(h. es/h		10000000				
		Canditians, if any, which gove rise to immediate	1b)	MASSIVE	AVU / C	MYDE MYDE	CARD	IAL INFARCTION		-		
		cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUE	NCE OF							
			(c)									
ũ,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE	ETERMIN	NAL DISEASE OR CONDITION GI	VEN IN PA	RT) (a		
_	OT.	RECTAL CARCIN					TE R	ENAL FAILURE				
/	CERTIFICATION	190 DATE OF OPERATION		L RENAL!		N WAS PERFORMED		200 AUTOPSY? 20b. IF YE	S, WERE F	USES (GS USED OF DEATH?	?
	RTIE	3/16/86	RECT	AL MASS				140	ES 📳		NO 🗌	
,		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE			Y YEAR	21c HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PA	RT 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR		19					-		
	MEDICAL	214 INJURY OCCURRED	21e PLACE C	OF INJURY		211 LOCATION		CILY OR IOWN	COUN	TY	STAT	TE
	2	AT WORK AT WORK	(Al Home star	ZOZNOWA OFFICE FA	ARM, EIC J						_	
		220 I certify that (this hasp	ital) attended the	deceased fram	311		86	, to 3/20	19 86		hat া (we) lost
		sow the deceased alive ar abave, (I) (we) (did) (did)		19	86 ar	nd that in (my) (our) or	pinian de	eath occurred on the date and ho	ui and frai	n the c	ouses state	d
		72h SIGNAJURE	or view the body o	orrer deorn.		DEGREE				_	IGNED	
		Pusu	uce)			ATTENDI PHYSICI		MEDICAL STAFF DIRECTOR PHYSICIAN		5/2	0/86	
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	/	PARK DRIVE				
		PETER G. WA	HLICK			BALTI						
	230 B	URIAL, CREMATION, REMOVAL		23c. N	IAME OF C	EMETERY OR CREMAT		23d LOCATION				
	- (BURIAL	74 MARC			NATIONAL		ARUNGTON ARLI	NGTON	V	STAT	E
	24 FL	INERAL DIRECTOR	po ir fritte	11/1/2	277610		So. DATE				AL COM	7
	To	RRING FUNERALIA	OME DA	ADDRESS	i Ma	21001 2790	MI	AN 31 1980 Julia	the last	4-9		
	1141	rring funeral 14	VITE, FIFTY	HOFKNEFY	1,110,	4001-3371						

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP

IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, them

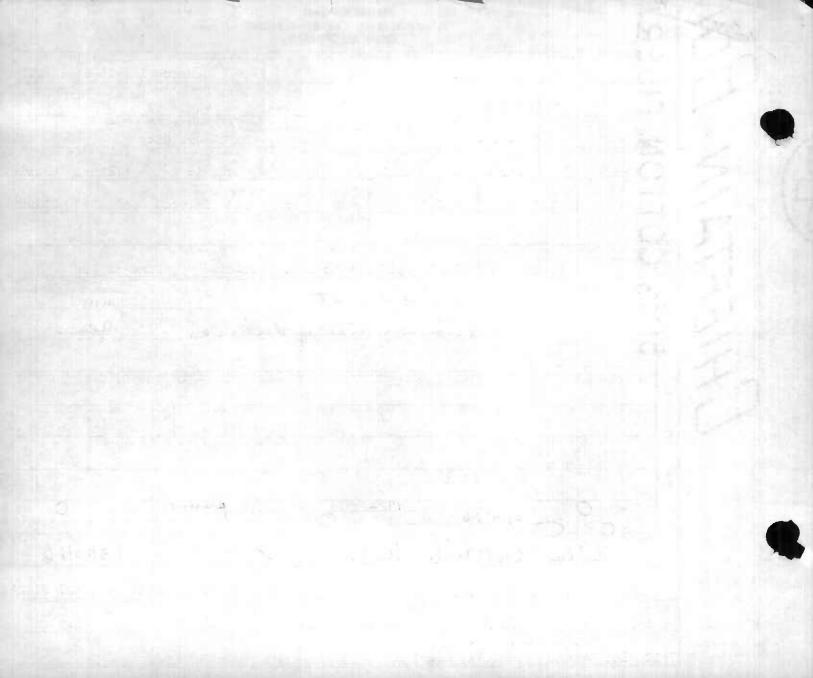
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DHMH - 16 60M 7/84 (VRA 15, 4)

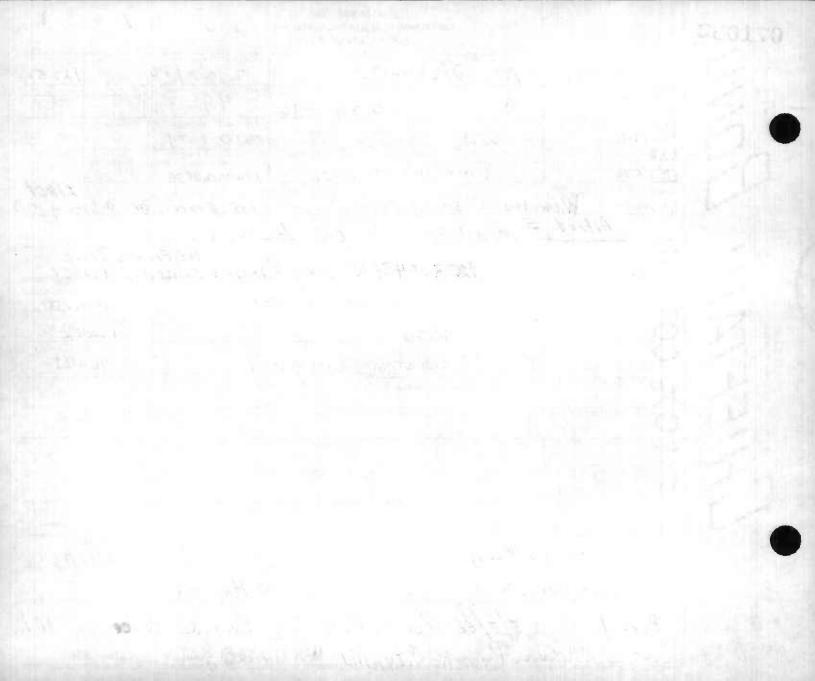
- STATE

IF UNDER I YEAR HOURS **BALTIMORE CITY OR COUNTY OF DEATH** 12h KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 13e STREET ADDRESS / ZIP CODE 785; Francis Drive MINVSE WEEK YEARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN ... 19_ ____, that (I) (we) lost and that in (my) (aur) opinion death accurred an the date and have and from the causes stated DIRECTOR PHYSICIAN 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR



Item 18 per hospital 5/28/86 dad STATE OF MARYLAND

071150

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

REGISTRAR

CHURCH HOSPITAL CORP. 21231 BROADWAY BALTIMORE MARYLAND BURIAL Woodlawn Cemetery Baltimore Co. Md 24 FUNERAL DIRECTOR March Funeral Homes 1101 East North Avenue Aulia Naindron

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

126 KIND OF BUSINESS OR

21202

IF UNDER I YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22c. DATE SIGNED

CERTIFICATE OF DEATH

LAST

THE REPORT OF THE PARTY OF THE

00-004

page 3

ond 2 should be filed w

FOR

	STA	TE	OF	MAF	RYL	AND	
EPARTMENT	30 T	HE	A11	TH A	ND	MENT	į

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7 9 3 3

1 DECEASED NAME (1YPE OR PRINT) A RACE 1 RACE 5. DATE OF BIRTH MONTH DAY YEAR FIRST 1 RACE 5. DATE OF BIRTH MONTH DAY YEAR FIRST 1 RACE 5. DATE OF BIRTH MONTH DAY YEAR FIRST 1 RACE 5. DATE OF BIRTH DAY YEAR WARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED 10 CITY OR TOWN OF DEATH DAY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1 RACE 1 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (17PE OF WORK FOR MOST OF WORKING LIVE	DAY YEAR 26 HOURS MIN.
MARCH OF TORRIGHT TO NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	IF UNDER : YEAR IF UNDER 24 MRS MONTHS DATS HOURS MIN,
MARCH OF TORRIGHT TO NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	MONTHS DATS HOURS MIN.
MARCH 9 86 DOUD YRS 76 BIRTHPLACE (STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PALTIMORE CITY OR COUNTRY MANUAL LISA WIDOWED DIVORCED BALTIMORE CITY OR COUNTRY 10 CITY OR TOWN OF DEATH 12 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	14
MARRIED NEVER MARRIED BA HOSE TO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION	Y OF DEATH
IVANIANO USA WIDOWED DIVORCED BA HONORE TO CITY OR TOWN OF DEATH ID NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	
	City MD.
	126 KIND OF BUSINESS OR
Daltimore Wercy Hospital NA	NA
USUAL RESIDENCE (IF NUMAN MEDICINE REPORT OF TOWN 136 STREET ADDRESS / ZIP CODE 138. STATE 138 STREET ADDRESS / ZIP CODE	
MD Baltimore YESTO NO 1508 Hollon	00K St 21202
14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE	, LAST
Michael Carter Laticia	PHS
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	. / //
NO - NONE Janice Oliver 15081	401 brookst
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 10) Cardiac and respirating and	e
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, il ony, which (b) Wiccoce	
gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
underlying couse last.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	VEN IN PART 110
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES NO YES NO CERTIL YES NO STATE NATURE OF INJURY YES NOT Y	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
YES NOW YE	S NO
A CONTRIBUTION OF STATE OF STA	PART I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
21d INJURY OCCURRED 21d PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	
	19, that (I) (we) lost
saw the deceased alive an	or and Iram the causes stated
276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF	224 DAJE SIGNED
PHYSICIAN DIRECTOR PHYSICIAN	13/86
22d. PHYSICIAN'S NAME (IVPE OR PRINT)	+ 17
ICUSION MERCY HOSTI	1a/
236 BURIAL, GREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATION CHARGE TOWN	COUNTY / O STAIR
Burial 3-17-86 Mt. Calvary Com. Anne House	ndel County My
24 FUNERAL DIRECTOR AND B-SCRUGGS ADDRESS Preston St MAR 1 7 1006 16. M	TRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and consulted by detacted for use as the burial-transit permit. Then please remove corbanioapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical.

6

(1)	FOR - STATE REGISTRAR ECEASED NAME PFOR PRINT)	1 MIDDLE		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.		
(1)	ECEASED NAME AFIRST	MIDDLE .			REG. NO.	1	
	PE OR PRINTI		. () 4	ST	20. DATE OF DEATH MO	ONTH DAY YEAR	26. HOUR
3.1	20	Jah SVI	Gon) to	eD	3	3-4-86	3:00 pm
	EX	4 RACE	5. DATE OF	BIRTH	6. AGE LIN YEARS LAST BIRTHO	AY) IF UNDER I YEAR	IF UNDER 2 HRS
1	temale	White	July	10, 1951	34	YRS	HOURS MIN.
6	INTIMPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR C	and the	
	aryland City or town of death	U. S. A.	WIDOWED		Baltime		OF BUSINESS OR
10	altimore	WIN NOT IN SUCH FACILITY		10014	(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	
US	UAL RESIDENCE HE NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION)	UCDE	Teacher		Care
	aryland Ca:		nton	YES NOX	Mitchell		21629
-	FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM			\ST
20	Walter Mi	ller McC	ardell, J	r. Sarah	Virginia	Wilson	
1 169	WAS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN] (IF YES, G	IVE WAR OR DATES!		17 INFORMANT	ADDRESS		
-	ao .	51.1	602173	Thomas Pol	en, Sr., I		
	PART I. DEATH WAS CAUS	inly one couse per line for to	oi, (b), and (c)	011000		BETWEEN	XIMATE INTERVAL NONSET AND DEATH
	IMMEDIA	TE CAUSE (a)	annyma	2 vale		(Turk I
)	Canditians, if any, which	DUE TO, OR AS A CO	· W DARR	N.	6204 10 1	13 K	our
	gove rise to immediate couse (a), stoting the	DUE TO, OR AS A CO					
	underlying cause lost.	(c)					10.0
2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1	10
7	Hu DATE OF OPERATION,	THECONDITIONSO	R WHICH OPERATION	WAS PERSORMED	T28x AUTOPSY? [2	M. IF YES, WERE FIND	INGS USED
7 1	bysianiahy	Donnol.	arelina	2/1 pu	YESTI NOTI	N CERTIFYING CAUSE	S OF DEATH?
1 8	21a. ACCIDENT WILL OND FROMES	The state of the s	NTH DAY YEAR	The HOW INJURY OCCURR	ED (switch multiple or manufacture)	NUMBER OF PARTY OF PARTY.	
1 3	OF CONTRBUTING CAUSE OF BE	P.M.	19				4 40
MEDIC	214 INJURY OCCURRED	21s. PLACE OF INJUR		THE LOCATION	CITY DE TOWN	COSHITY	SEAR
	white D activities D	10/4 1010	. 24	80	3-4	10 86	
	220 I certify that (I) (this has saw the deceased alive a		19 000	that in (my) (our) opinion o			, that (I) (we) las e couses stated
	abayé, (I)(we) (did) (did n 22b. SIGNATIOR	at) yew the bady after dea	th.	EGREE	HOUSE	A 100 5 170	ESIGNED
	1////	Helle 11	MIN	ATTENDING PHYSICIAN	MEDICAL STAFF		
1	22d PHYSICIANS NAME TYPE		0	ZI* ADDRESS			1000
	I H.W. Sec	ver Ance,	516	MIEMS	5		
230	BURIAL, CREMATION, REMOVA		23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	3/7/86		v's Cemete	ny Baltin		t. MD

July 10, 1951 | 127 |

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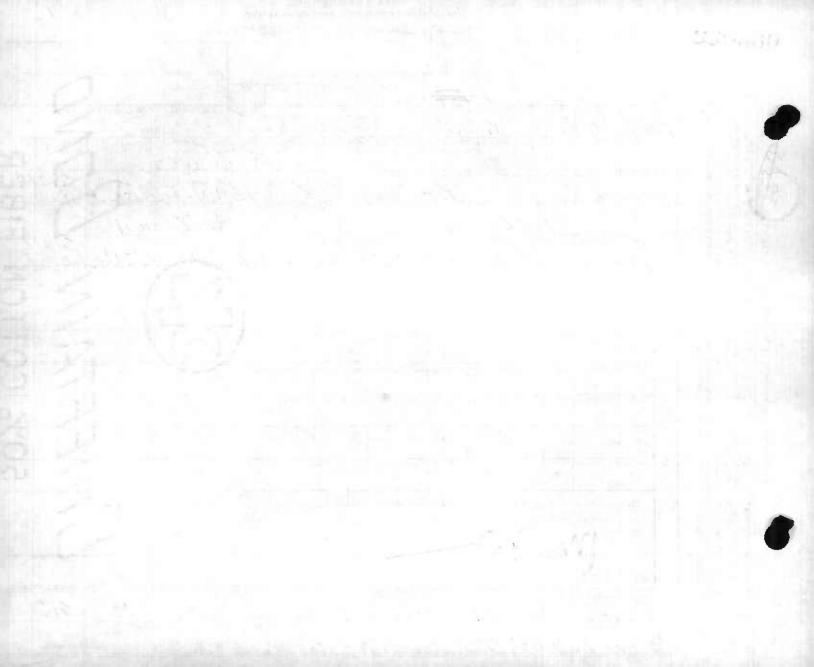
ectronic Contains Dented to contain the Cartes and Cart

Welter Miller McGurdell, Jr. Surah Virginia Wilson
30 217eCz173 Thomas Polen, Sr., Donton, MD 1829

Jurial - 3/7/66 of day's Cemetery Daltimore Jait. AD



		1	FOR Film G614	item 5		DEDARTA			ARYLAN		VOIENIE		-	~7	13	2 7	
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-0€	66022	1 DE	CEASED NAME	FIRST		MIDDLE			LAST			o. DATE			H DAY	YEAR	26. HOUR
	% % % S ⊢`	(IV)	E OR PRINT)	LFRIED	0	10.		Dr	ORTER			OI.	ESTI- MATED	<u>3</u>	1	1986	
	PLEASE ECTOR. FILES. HOURS	3. SEX		, 5 D	ATE OF BIRTH		6. AGE (IN YEA	IF UN		IF UNDER 2		c. DATE		MONTH	H DAY		2d. HOUR
	DIRECTOR OUR	m	ale Coi	/ "	DI 4-	1911-	LAST BIRLINDA'		S DAYS	HOURS	MIN. P	RONOUN		2	1	1000	4:46
-	SSAR YOUR STO	70 B	RTHPLACE (\$ 11.0) REIGN COUNTRY)	/ 7b.	CITIZEN OF W	HAT COUN	OF D				- W	BALTIM	ORE CITY	Y OR COU	NTY OF	DEATH	PM
5	B NECESSARY, PEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED, WITHIN 72 HOURS	16	PEIGN COUNTRY)	/,	11,5	S,A,		WIDOW	ED NEV	DIVORCE		Da14	-imor	- Ci			
10	E FU	10, C	TY OR TOWN OF DEAT	Н 11.	NAME OF HO						120 1344	ALCCCUP	MTION :	e Ci	K 112b K	IND OF BU	MD.
1	HAER	F	altimore	150 130	1311 N		on Ave				HOEM	Oliv	PN		0	OR INDUSTR	Y
A	3 TC	USU	L RESIDENCE (IF IN NURS	ING HOME OR OTH	ER INSTITUTION, C	IVE RESIDENCE	BEFORE ADMISSIO	N) ,			-1	C 1/1	00			11.	111
1 1	S NE SAFTER DEATH TAND 3 TO THE FUN 18. GIVE PAGES 1, 2, AND 3 TO THE FUN WITH FORWAYN 3. RETAIN PAGE 5. INT. PAGES 1 AND 2 SHOULD BE FILED, W. E. DIVISION OF WITH RECORDS, 201 W.	17/	Anuland	b. COUNTY	particular.	BA	//mor		YES YES	NO [130 STRE	ADDRE	SELI	17m	1 4	490	11
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WO	NORAGE —	160. V	VAS DECEASED EVER IN	U.S. ARMED		16b. SOC	IAL SECURITY	NO.	17. INFORM	ANT	(, ,	1	ADDRE	SS		2/2	17
BALTIMORE	AFTE INF INF ISIO	1	INES	/UU	I	212-	16-819	18	mr. 1	2011	ma	Colle	Imi	1534	100	lip s	7
	NURS AF 18. GIVE WITH I		A CAUSE OF DEATH	(Enter only on	e cause per lin	e for (a), (b)	, ond (c).)		4111 327		#/_	<i></i>		V 00 /1	1	APPROXIMATE	INTERVAL
201 W. PRESTON ST.,	TEM 1 ONG ONG PERMI		PARTIDEATH WAS	S CAUSED BY:	AUSE (a). A1	rterio	sclero	ic c	rardio	vascu	lar	disea	926		BEI	IWEEN ONSET	AND DEATH
STO	N 24 HO N ITEM 1 ALONG ALONG IT PERM IYGIENE			(SEQUENCE O						****				
9	A NS		Conditions, if on gove rise to in		(b)												
*	UTED WITH IN PENCIL EXAMINER IIAL - TRANS O MENTAL PON, OR REA	-	couse (o) stating the lying couse lost.			R AS A CON	SEQUENCE O	F				100	111	FILE			
.20	NO MALEX NO	19	Tymg Coose lost.		(c)												
RECORDS,	ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM 18 F MEDICAL EXAMINER ALONG FED AS A BURIAL - TRANSIT PERMIT HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	_	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTR	BUTING TO DEATH	BUT NOT RELA	IED TO THE TERMI	IAL DISEASE	OR CONDITION	GIVEN IN PART	T 1 (a).						
0	D BE EXE ENDING MEDICA AS A BU EALTH AI	CERTIFICATION															
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N Y	WORD WORD WORD E CHIE BE US BURIV	Ē	ZIO EXTERNAL CAUSE	VALAC	216 TIME C			Tax					- 12			YES 🗌	NO 🖵
O	¥#±≓\$P		UNDERLYING OF	}	HOUR A.	M. MONTH	DAY YEAR	ZIC HC	OW INJURY	OCCURRED) (ENTER NA	ATURE OF INJ	URY IN ITEM	18 PART 1 OR	PART 2)		
O.	SART TO THE CONTROL T	MEDICAL	CONTRIBUTING CA			OF INJURY	19	211 LOC	CATION								110
DIVISION OF VITAL	WRITING ARDED AGE 3 SH ATE DEP	ME	WHILE NOT W	HILE		CTORY, FARM, ET			TREET			CITY OR TO	WN		COUNTY		STATE
	E, WER		AT WORK AT WO	RK													
300			22a. I certify that I to	ook charge of	the remains de	scribed oba	ve, held on	Autops	у Ц.	Inspection	LXI.	Inquiry	□	ond in my	opinion		
	CERTIFICATION BE FOR DIRECTOR! Und BE FOR DIRECTOR! WITH THE MARYLAND		death resulted fram:	Natural ca	uses X,	Accident	L, Suid	ide 🔲,	, Homici	de .	Undeter	rmined mo	nner].			
	CERT CERT CLD I		ACTUAL MA	. (2	D				TITLE (SP	PECIFY)				DAT	r		
	ATH SHE	1	SIGNATURE	VY	1		_	M.	D. Assi	stant	MEDIC	CALEXAM	INER	SIGI	NED_3-	-2-86	
	R DE IMO	-	EXAMINER' NAME	Ann M	. Dixor	. M.D	5.63			111 P	onn (S+	Ral+	O., N	(II)	21201	
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND	73n B	(TYPE OR PUINT)				IAME OF CEM		ADDRESS			ATION	Dait	.0., 1		21201	
07.40		(1)	Broky)	2	Uch	10	And it	m. L	mest.	10 Co.	CITY O	30WN/		Co	YINUC	mil	ŶΕ
07/84 25M	BP	24 F	JNERAL DIRECTOR		1 8 80		11/15	0,07	2	So. DATE RE	EC'D. BY F	REGISTRA	R 25b. RE	GISTRAR'S		TURE	
	DHMH - 17 (VR A15 ME (5))		scenh L.	Kus	S SODRES	50 11	N/m -	th K	7110	MAD	-	1000	4 . 5 .	Sund	7	andete	
			STAIL	140	2 dda	Ju	1/402/		aci	MAK		IRRP_	ina		- N	-	



- STATE

IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY 86 26, and that in (my) Supapinian death accurred on the date and have and from the causes stated 22c. DATE SIGNED CHURCH HOSPITAL CORPORATION, 100 N. BROADWAY, BALTIMORE, MARYLAND 21231 3/26/1986 Green Mount Crematory Baltimore Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Walter Brooks Bradley, Inc., Dundalk Md. 21222 (VRA 15, 4) - and the dear

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

26 HOUR

126 KIND OF BUSINESS OR

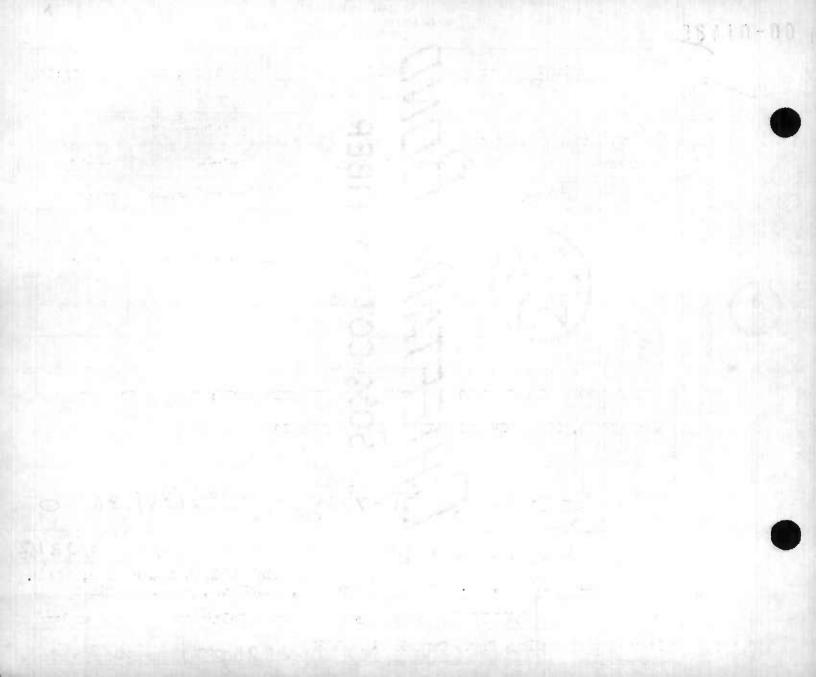
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TITE THOUGHT INC.

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FOR - STATE REGISTRAR

STATE OF MARYLAND

SINIE OF MINISTERIES	£.
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

REG. NO.

- 1		LEASED NAME FIRST	WIDDLE		,ASI		Zo. DATE OF DEATH	MONIH DA	TEAR	26 HOURS
	11-17%	Melissa	Kathleen	CP.	RATT			3 0	186	725 AM
-	1.5EX	(Tage)	4 RACE	5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
1		Famal	12101	MONTH	DAY	YEAR		WC	INTHS DATS	HOURS MIN.
J	/	LEMA 16	White	3	6	86		YRS		16141
Д		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT	MARRIE	D NEVER M	ARRIED X	9 BALTIMORE CITY O		OF DEATH	
1		H90.	uSf	WIDOWE	D DIV	ORCED 🗌	Baltimore	City		MD.
9	II CI	TY OR TOWN OF DEATH		AL, NURSING HOME (OR OTHER INSTI	TUTION	12a USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
3	B	altimore/	South B	Altimore	Geno	Hospa	N.A	a .	No	Ao
2	Ba. S	AL RESIDENCE (IF NURSING HOME OF		DENCE BEFORE ADMISSION)	134 INSIDE CIT	Y LIMITS?	13e STREET ADDRESS /	ZIP CODE		
2		MS Ann	2 HBlindal	Glen Busnie	YES 🗌	NO X	128 Shell	y Rd.	21061	
7	AFA	THER'S NAME		1467	15 MOTHER'S			3.37		
1)	Timothy Pau	Pi	ratt '	BRen		Joan		doh!	hson
, [AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SC	CIAL SECURITY NO	17 INFORMAN	IT	ADDRE		. 0	20
4	100	no		ne	128 3	helly	Kd . Glen	Bur		21061
		18 CAUSE OF DEATH (Enter or	ly ane cause per line far	ial, (b), and ich.			^	- 1	BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE	TE CAUSE (o)	72 930 -K	eso RA	topu	HARest			
				ONE CONTRACT OF						
-		Conditions, if any, which	1	CONSEQUENCE OF						
-		gave rise to immediate	(6)							
		couse (a), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF						
			(c)	NEWCE	THAL	Υ				
	,	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED I	THE TERMI	NAL DISEASE OR CONE	DITION GIVE	IN PART I	0
	ğ		N.A.							
1	CAT	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?		WERE FINDIN	
	CERTIFICATION	W.A.	(1)	A			YES T NOT	YES	NG CAUSES	NO
5	EN I	21a. ACCIDENT WAS UNDERLYING			216 HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 21	
		OR CONTRIBUTING CAUSE OF DE	III.	ONTH DAY YEAR						
	5	(IF EITHER NOTIFY MEDICAL EXAMINER		19	211 LOCATION	N			-/	
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU	ORY OFFICE FARM ETC)	STREET	4	CITY OR TOV	VN	COUNTY	STATE
		AT WORK AT WORK								
		22a I certify that (1) (this hospi	tal) attended the decea	sed from		. 19	, to	, 19		that (we) last
	-	sow the deceased alive on above, (1) (we) (did) (did no	ti view the hady after de	19, or	nd that in (my) (aur) apinian d	eath occurred on the da	te and hour o	and from the	causes stated
		22b. SIGNATORE	n de dody offer de		DEGREE				22c DATE	SIGNED
		-taurel	y you	M.D	AT	TENDING	MEDICAL STAF	F	3/-	101
+		224 PHYSICIAN'S NAME HAPE O	R PRINTI		22e ADDRESS	HYSICIAN [DIRECTOR PHYSIC	AN E	1 1/1	186
		1000	- 1010		2001	C 11.	· CL D	11 11	1 2	221
-		Liturer		M.P.	1001	. Harr	over IT. Da	4.19	1 21	250
	23a B	URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CE	REMATORY	23d LOCATION		COUNTY	STATE
		Burial	10 Mar. 8	6 Cedar H	ill Ceme	etery	Brooklyn		A.A.	MD.
	24 FU	INERAL DIRECTOR					REC'D. BY REGISTRAR		AR'S SIGNAT	

DHMH - 16 60M 7/84

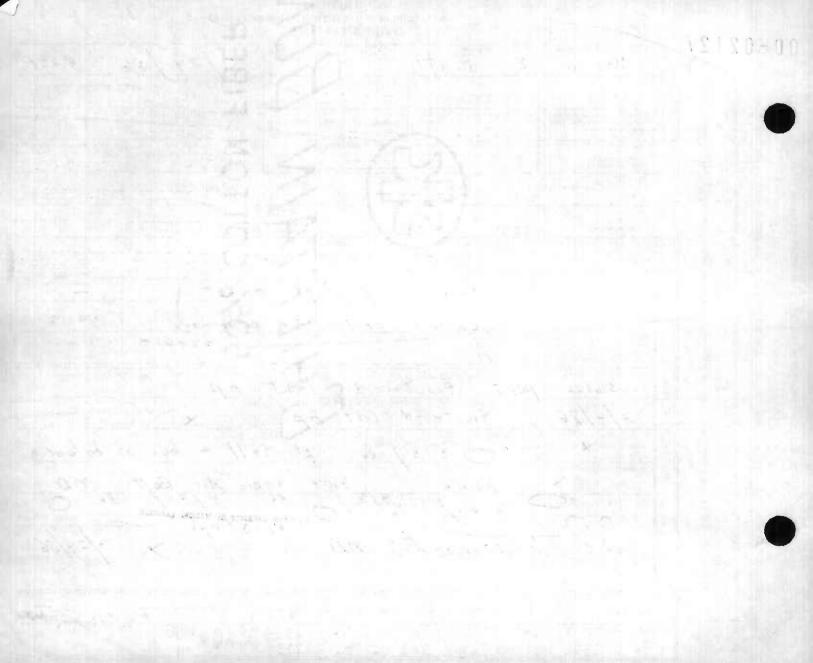
(VRA 15, 4)

James S. Kirkley Glen Burnie MD

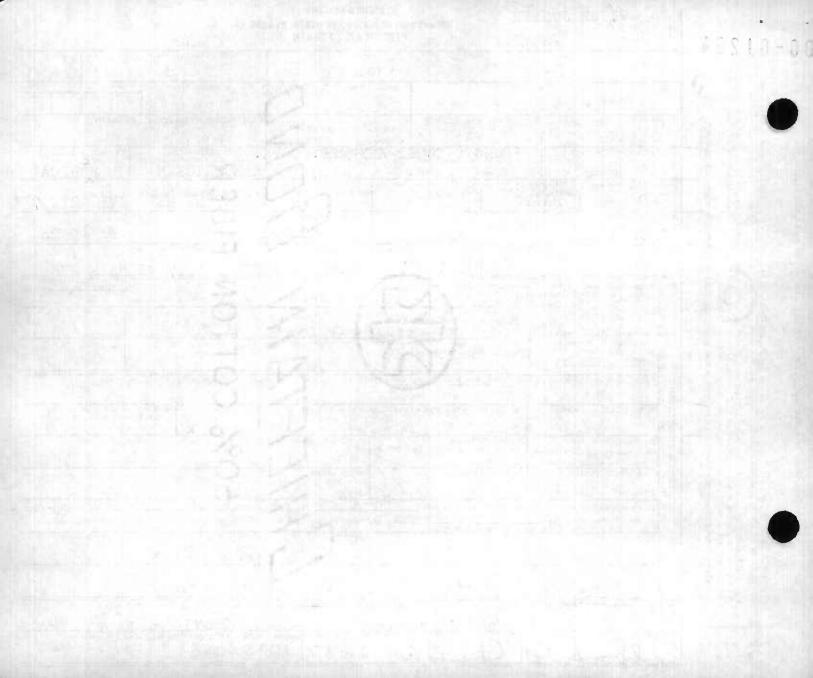
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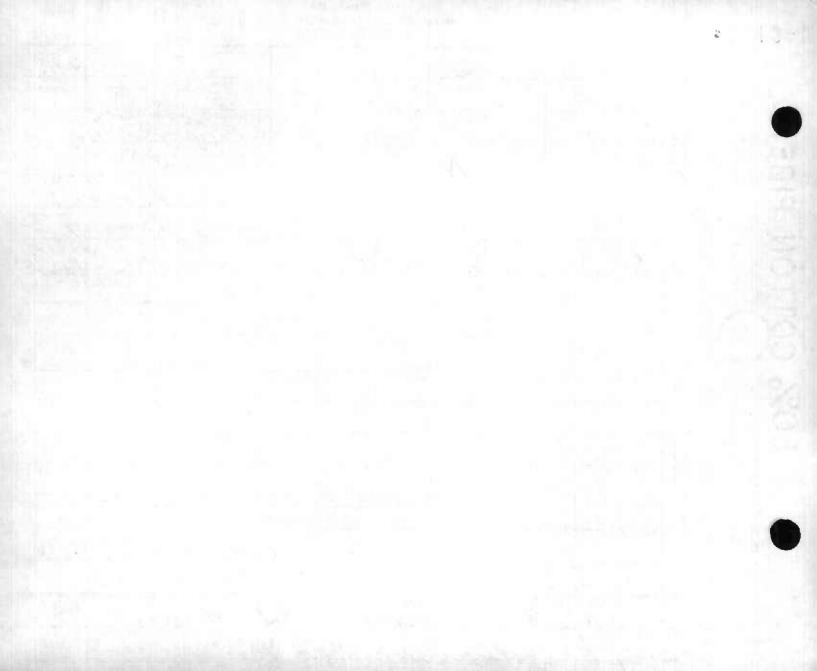
STATE OF MARYLAND

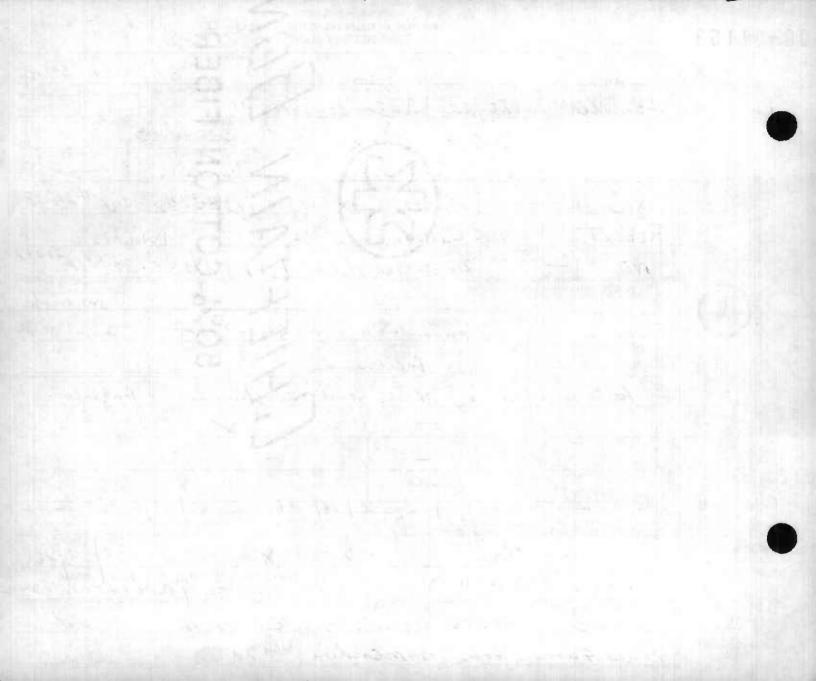


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a moy be		X	TO F	MIDDLE	Da	F BIRTH 02/25/1	20. DATE OF DEATH	MONTH DAY 3 21 THDAY) IF UP	YEAR G G DER I YEAR HS DAYS	Siy M IF UNDER 24 HRS HOURS MIN.
deoth. Poge	MA	RTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	76 CITIZEN O	WHAT COUNTI	WIDOWE		P BALTIMORE CITY O	- (1)	4	MD.
hours offer life of the life for the life for the life	USU	AL RESIDENCE (IF NURSING IN	OR OTHER INSTITUTIO	TSK I	PORE ADMISSIONI	SOLO CITY HOUSES	RIZO USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF T	F WORKING (IFE)	VDUSTRYC.	RICAL
AARYLAND Justin 24 Justin 24		THER'S NAME ASPARINI	ALTO MIDDLE	PREVI		13d. INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NA CONCETT		LHELM A		21237 IONTE
BALTIMORE, M ote be executed initial and colling	16o. \	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SI 213071	ECURITY NO.	MARY PREV	ADDRE		EIM	AVE
201 W. PRESTON ST., I es that the death certific ned by the ottor repelease remove area please remote area or incl., cremation remote.	NO	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, (DUE TO, (b)_ DUE TO, ((c)_	DR AS A CONSE	OUENCE OF	NOT RELATED TO THE TERM	as (tion	DITION GIVEN I	N PART I (o	days
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r ottending physician. ther this certificate has been sign os the buriol-transit permit. Then th and Mental Hygiene prior to b orkedor Hern 18 shews ony injury	CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF	21b. TIME	OF INJURY		N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	GS USED OF DEATH? NO
DIVISION OF ING PHYSICIA TO then ding place this certificate in the buriol-th of the buriol-th and Mental orkedor Herr	MEDICAL	LIFETHER NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	NER) PLACE	P.M. E OF INJURY TREET, FACTORY, OFFI		211 LOCATION STREET	CIRO VII)	wn	COUNTY	STATE
TO HOSPITAL OR ATTENDIA retained by the hospital or TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heali		22a.1 certify that (I) (this has sow the desceased alive obove, (I) (we) (did) (did) (22b. SIGNATURE 22d. PHYSICIAN'S NAME (191	on and view the bad	-21 11	8 U , an	d that in (my) (aur) apinion DEGREE ATTENDING	death occurred on the do	F		
BP		BURTAL BURTAL INFRANCISCO		1 101	GARDEN	METERY O R CREMATORY SOF FALTH 21037 MA	23d LOCATION CITY OF TOWN ROSSVT E REC'D, BY REGISTRAR AR 2 4 1986	TIE BA	UNITY ATTO SSIGNALL	

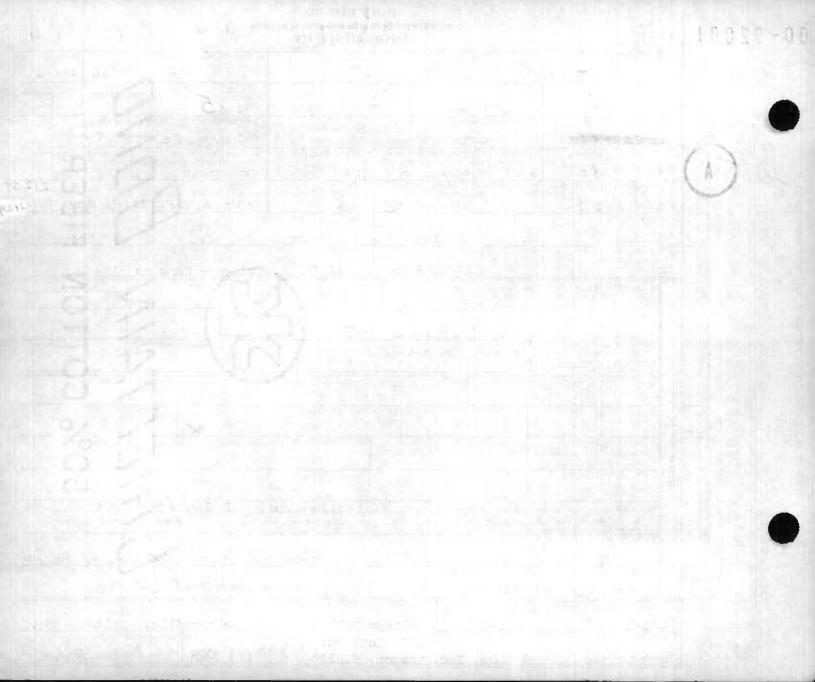


FOR	DEPARTME	STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG	SIENE 8 6 0	7 9 4
REGISTRAR		CERTIFICATE OF DEATH	REG NO	
	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOU
F/5/9	Scott	Tours	3-	15-86 89
EX 4 RACI	E 5	. DATE OF BIRTH	6 AGE (IN YEARS LAST BURTHDAY)	IF UNDER 1 YEAR IF UNDER
Female	(0)	MONTH -29-1911)	85	MONTHS DATE HOURS
BIRTHPLACE IN SHICK CONTINUE TO CITE	IZEN OF WHAT COUNTRY? 8	11 01 1100	9 BAUJMORE CITY OR COUN	
SAIT MI			BALLing	es Cilia
CHY OR TOWN OF BEATH 11: NA	AME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINE
SAllimore 3	NOT IN SUCH EXCLITY GIVE TREET ADD	and of al		PL-
	STITUTION GIVE RESIDENCE BEFORE AD	MISSION)	1	2/2/3
n pre/pro	64//	YES TO NO	37331/0/	TONIAPO
PATHER'S YAME	19271110	15 MOTHERS MAIDER NA	ME	0
FRANK MIL	Scott	Phone	CA S) roux/
		Y NO. 17 INFORMANT	ADDRESS	212
(IF YES, GIVE WAR OR	055-16-0	253 Mr Opx	Humphrens	39/16/104
18 CAUSE OF DEATH (Enter only one of	cause per line for (a). (b) and (i		The state of the s	APPROMYATE INTER
PART I DEATH WAS CAUSED BY	700128		INFHOCTULA	DETWEEN GNOET AND
	JL (U)		X.	
Conditions If any, which	JE TO, OR AS A CONSEQUENT	ASCUD.		
gove rise to immediate	IE TO OB AS A CONSEQUENT	CE OE		
underlying cause last	(c)	JE Or		
PART 2. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 110
	and the same of			
19b DATE OF OPERATION 19b	CONDITION FOR WHICH OF	PERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED STIFYING CAUSES OF DEAT
PERSONAL DESIGNATION OF THE PERSON OF THE PE	W	LIA	YES NO	YES NO
		YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART (OR PART 2)
(IF STONER, NOTHY MEDICAL EXAMINER)	P.M.	19		
I AT		711. LOCATION STREET	CITY OR TOWN	COUNTY S
AT WORK AT WORK IT			44.10	0.0
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above (1) (we) (did) (did nat view t		, and that in (my) (aur) apinion	death accurred on the date and h	naul and from the causes sto
77k SIGNATURE	11 1 1	DEGREE		22c. DATE SIGNED
1 (cheul	m Mus			3-20-
22d. PHYSICIAN'S NAME (TYPE OR PRINT)		22e ADDRESS	^	0
RICHARD	M Hour	7300	- A400 Mcm	Benor
BURIAL, CREMATION, REMOVAL 236 [ME OF CEMETERY OR CREMATORY	23d LOGATION	4
DuriAl 3-	-21-86 HE	or mon uman. In	1 Lambon	COUNTY M
FUNERAL DIRECTOR)		E REC'D. BY REGISTRAR 256. BEG	
Joseph L. K	2155220000	U. North ALA N	1AR 25 1986 4 Mil	w Deviden - Romba
The state of the s	EL A RAC BIRTHPLACE TO COMMENT TO COMMENT TO COUNTY WAS DECEASED EVER IN U.S. ARMED FOR THE RESIDENCE OF DEATH IEnter only once PART I DEATH WAS CAUSED BY IMMEDIATE	A RACE A RACE	DEPARTMENT OF HEALTH AND MENT AL HYD CERTIFICATE OF DEATH CERTIFICATE OF DEATH	DEPARTMENT OF REALTH AND MENTAL HYGIENE 6 STATE REGISTAN CERTIFICATE OF DEATH REG. NO. 18. DATE OF DEATH REG. NO. 18. DATE OF BRITH ROUTH ROUTH REG. NO. 18. DATE OF BRITH ROUTH RO

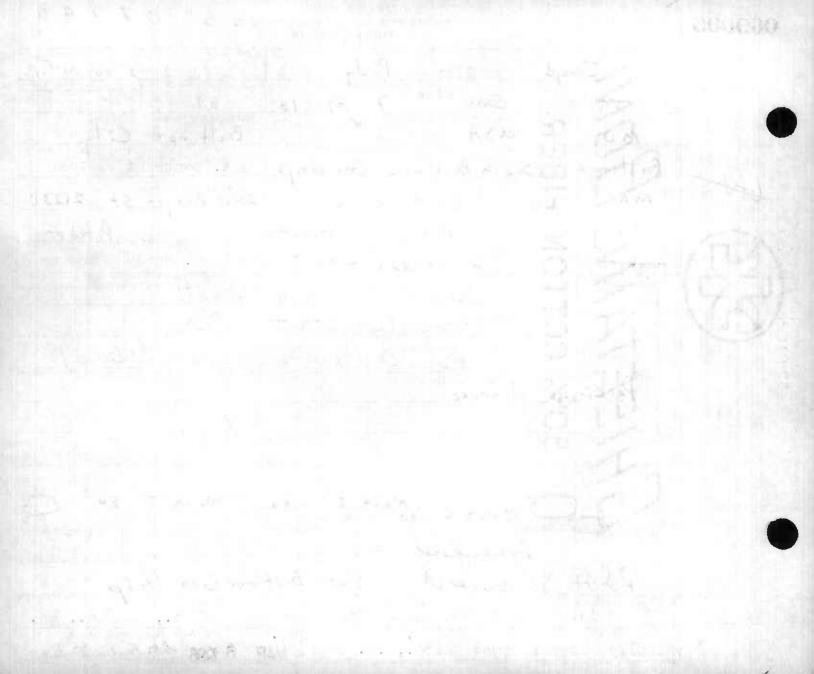




00-02001	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 7 9 4 6									
00.02001		REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	O.		1 0
		CEASED NAME FIRST	N	IDDLE	ı	AST	2a DA	TE OF DEATH		AY YEAR	2b. HOUR
# 7.£	TTYPE	ORPRINT) THEL	MAA MAA	A A.	P	PRINCE			03 3	30 86	8:16 AM
2 22	3.5E		4 RACE		5. DATE C		6 AGE	IN YEARS LAST BE	THDAY)		IF UNDER 24 HRS
1 10 to		FEMALE	WH	ITE	MONTH	19 1900	90	85	YRS	ONTHS DAYS	HOURS MIN.
2 31 DF	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8	NEVER MARRIED	O DAI	TIMORE CITY	R COUNTY	OF DEATH	
4 16		aryland	UE	A	WIDOWE		0 BA	SLTIMO	RE	CITY	MD.
	10 C	TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTITUTION		SUAL OCCUPAT			BUSINESS OR
E LATER A	B	HLTIMORE	GOOD	SAMARI.	MAN	HOSP 17DL		memaker		Own H	lome
	USU.	AL RESIDENCE IF NURSING HOME OR		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS	S2 113. ST	REET ADDRESS	/ 7IP CODE	Section 1	21239
N 2 33 -85	M	ARYLAND -		BALFIM		YES 🔀 NO 🗌		34 E. 1		DEREAL	Je balls
1 12	14. FA	THER'S NAME	AIDDLE	LAST		15 MOTHER'S MAIDEN	NAME				
3 1 11710	W:	illiam	I.	Ashley		Mary		R.		LAST Rr	own
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OM " Pop /	No		WAR OR DATES)	214-22-3	925	William 2	A. Pri	nce - S	ame as	#13e	
IALT STATE OF STATE O		18 CAUSE OF DEATH (Enter and	y ane cause per l	ine farya), (b) jan	dici) /	1 1 1	10			APPROXIM BETWEEN ON	ATE INTERVAL
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3 1 2 2 2 2		underlying cause last	DUE TO, OR	AS A CONSEQUE	NCE OF						
20 th market		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO F	DEATH BUIL	NOT RELATED TO THE T	TERMINALD	ISEASE OR CON	DITION GIVE	N IN PART 1/a	
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8 11117	CATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	WAS PERFORMED	20a	AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
* * 5111/	AE.	MENTERS ENTERS					YES	□ NOS	IN CERTIFY YES	ING CAUSES C	OF DEATH?
T + 9 + 1 + 2	CERT	710. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		21c HOW INJURY OCC		~ ~			140
A STATE OF	10.12	OR CONTRIBUTING CAUSE OF DEA		A. MONTH DA							
X SP STA	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.A 21e. PLACE C		19	21f LOCATION					
15 Table 1	ME	WHILE NOT WHILE		ET, FACTORY, OFFICE, F.	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
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10 th		CESAR M						AN HOS	1 01	.110	
	1	URIAL, CREMATION, REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREMATOR	RY 23d	LOCATION CITY OR TOWN		COUNTY	STATE
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DHMH - 16 60M 7/84	74 FL	INERAL DIRECTOR		ADDRESS 1	050 Y	ork ka.		BY REGISTRAR			RE
(VRA 15, 4)	Ru	ick Towson Funer	al Home	Inc. To	owson	Md. 21204	APR O	1 1986	Suchard	berdson-A	ander



069005	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 7 9 4 8 CERTIFICATE OF DEATH REG, NO.
e 4 may be tor page 3 after death		CEASED NAME FAST Joseph x Male	Mueller Purdy 1 RACE White S. DATE OF BIRTH MONTH DAY WEAR 1 RACE White S. DATE OF BIRTH MONTH DAY WEAR 1 RACE White S. DATE OF BIRTH MONTH DAY WEAR 1 RACE White S. DATE OF BIRTH MONTH DAY WEAR 1 RACE White S. DATE OF BIRTH MONTH DAY WEAR 1 RACE White S. DATE OF BIRTH MONTH DAY WEAR 1 RACE White S. DATE OF BIRTH MONTH DAY WEAR WORLD WEAR WEAR MONTH DAY WEAR WORLD WEAR WEAR MONTH DAY WEAR WORLD WEAR WEAR MONTH DAY WEAR WEAR MONTH DAY WEAR WEAR MONTH DAY WEAR WEAR WEAR WEAR WEAR MONTH DAY WEAR WEAR WEAR WEAR WEAR WEAR WEAR WEAR
ofter death. Page the funeral direct d within 72 hours		IRTHPLACE ISTATE OR FOREIGN COUNTRY) TY O ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED SHEVER MARRIED SHOULD BEATH USA WIDOWED DIVORCED BUT TO SHEVER MARRIED SHEVER MARRIED MAD. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TO SHEVER MOST OF WORKING LIFED INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TO SHEVER MOST OF WORKING LIFED INDUSTRY.
within 2 hours of the control of the	13a	Dalting/2 AL RESIDENCE (# NURSING HOME OR STATE 136 COUN M D	NTY 136 CITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE
be executed v		WAS DECEASED EVER IN U.S. AR YES HOPPHARMOWN! (14 YES GIV WWW. W	Boggs Purdy Henrietta Pitcher MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS XE WAR OR DATES) 213-07-1820 Chart Marjorie W. Purdy Same as #
es that the disconnection of t		Canditions, if any, which gave rise to immediate cause to, stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE DE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO
The low require con a sit permit. Then given prior to but how sony injury,	CERTIFICATION	Parkinsus	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
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TAL OR ATTENDI y the hospitol or AAL DIRECTOR A detached for use rate Dept of Heal			that (I) we long the deceased from March \$ 19 6 that (I) (we) long March \$ 19 6 that (I) (we)
TO HOSPI retained b	230	PURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL, CREMATION, REMOVAL	220 ADDRESS South Baltime Gen Hosp [236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF LOWN.
DHMH - 16 60M 7/B4		UNERAL DIRECTOR	237 E. Patapsco Appendict Registran 250 Registran's Signature 1 Homes Balto. Md. 21229 MAD 6 more data from Annual Property Control of the Property C



1	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		079	49
		ORPRINT) HAZEL	G. P	URNELL	03 04	MONTH BOAY YEAR	7.30 M
	3. SEX	Female	black	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR MONTHS DAYS YRS	
23		OUNTRY) Va	LS A	MARRIED NEVER MARRIED WIDOWED DIVORCED	enition	RECOUNTY OF DEATH	MD.
Page 9	BA	TY OR TOWN OF DEATH	North Char	GHOME OR OTHER INSTITUTION ADDRESS) HOSPITAL	120 USUAL OCCUPATE TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
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, Kunlui	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1	110
Z ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
T Nem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 210. PLACE OF INJURY	21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART 1 OR PART 2)	
norkedo	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TO	WN COUNTY	STATE
n 21 is n		220. I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	0304 198	, and that in (my) (our) or	pinion death occurred on the de	ote and hour and from th	that (I) (we) lost e couses stated
ANT: # Hea		226. SIGNATURE	Injes is	DEGREE ATTENDI PHYSICI		F _ 2/	4186
MPORTA		22d. PHYSICIAN'S NAME ITYPE OR	Mi A	13ALT	Junova J	~ 1 212	nited 18
_	22- 0	LIDIAL CREALATION DEMONAL	22. A	AME OF COMPTERY OR CREATE	CON TOTAL LOCATION		0

234 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR William C

3-7-86

236 DATE

230 BURIAL, CREMATION, REMOVAL ISPECIFY, Burial

Ba Himbre COUNTY 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

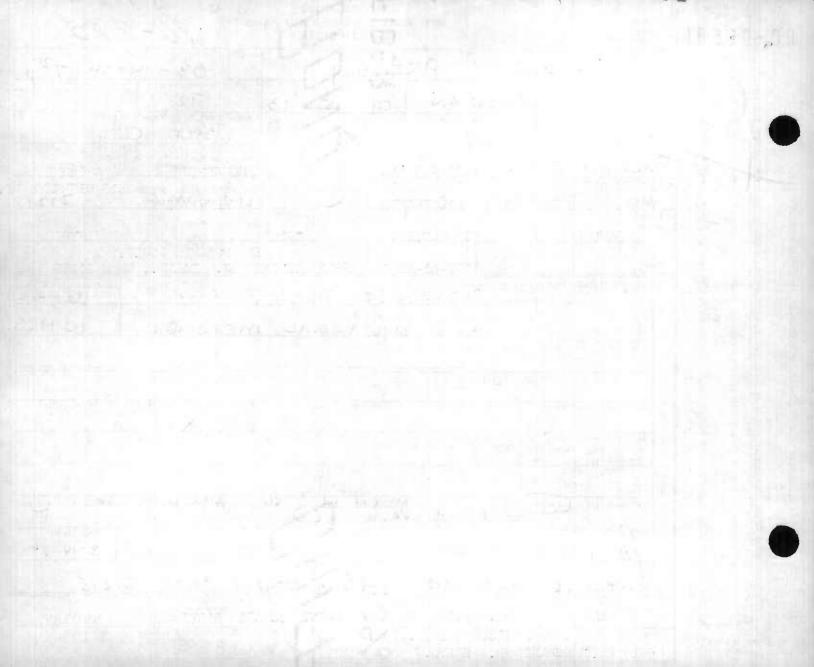
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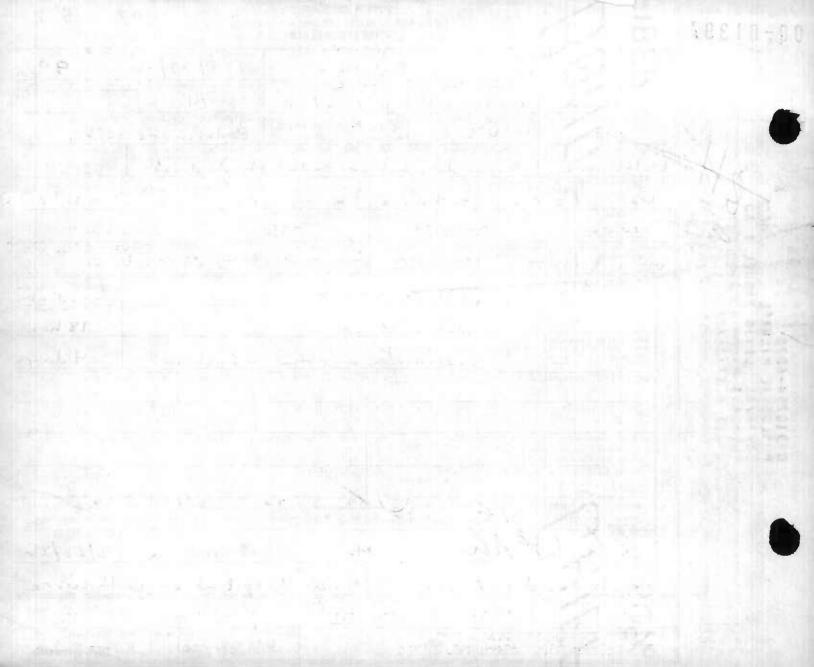
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William Committee the Committee of the C

			STATE OF MARYLAND	80	
-09580	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 86	17951
	REGISTRAR	# MIDDLE	IAST	REG. NO	DAY YEAR 125 HOLLD
	DECEASED NAME		RZITSKY	20 DATE OF DEATH MONTH	14-86 79
1	SEX	14 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 PRS
6)	FEMALE	CAUCASIAN	MONTH DAY YEAR	70	MONTHS DAYS HOURS MIN.
10-1	To BIRTHPLACE (STATE OR FOR	FIGN 76. CITIZEN OF WHAT COUNTR	/2 1	BALTIMORE CITY OF COL	
3//	RUSSIA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALT.	CITY MD.
2	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
4/2	BALTIMOR	E SINKI HOSPI		HOUSEWIFE	ING LIFE) INDUSTRY AT HOME
1		HOME OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)		
25/	MD I	XXXXXXXX BACTIT		136 STREET ADDRESS / ZIP	CODE 5813 HIGHGATE D
1	14. FATHER'S NAME		15 MOTHER'S MAIDEN	NAME	
300	SAMUEL	FINKELST	EIN ZELI	WIDDLE	MILSTEIN
1	160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOCIAL SE		MISS DOLORES PU	
9/	(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	9200 5917 111711		
2/		1577-01-		GATE DR. RALTO.	MD 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
pop pop pop ent, t		Enter only one cause per line for (a), (b), CAUSED BY: CAMPDIATE CAUSE (a).	GENIC SHOCK		10 HIZS
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and and	6 19 7	DUE TO, OR AS A CONSEC	MYDCARDIAL	to MACADO (TO)	10 HR
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	WHILE NOT WHILE	CAT HOME STREET EACTORY OFFIC		CITY OR TOWN	COUNTY
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T cs		nis hospital attended the deceased from		L to MARCH	4, 19 10 that (1) (we) ast
2 2 2) (did nat) view the bady after death.		on death accurred an the date an	d have and from the causes stated
P then	276 SIGNATURE	4,	DEGREE	NEED CALL STATE	224 DATE SIGNED
ote Dept.	1 there Is	ellew, mo	ATTENDING PHYSICIAN	MEDICAL STAFF	× 3-14-86
IMPORTANT: #	22 PHYSICIAN'S NAM	E (TYPE OR PRINT)	22e ADDRESS		
MPORTANT	Robert 1	HIRCO, MID	Sinai Ho:	SO OF BALT	21215
3 3	230. BURIAL, CREMATION, RE		NAME OF CEMETERY OR CREMATOR	23d LOCATION	
	ISPECIFYBURIAL		OHEL YAKOV-BETH IS	SRAEL BALTIMORE	E MARYLAND
		SOL LEVINSON & BROS		DATE REC'D. BY REGISTRAR 256 PI	
50M 4/83 5, 4)	147-0416	RSTOWN RD. BALTO		MAR 1 8 1986 9	EGISTRAR'S SIGNATURE



		FOR			E OF MARYLAND	vereur 0 6 0	7 9 5 2
00-01397	1.	STATE REGISTRAR			HEALTH AND MENTAL H	REG. NO.	
		CEASED NAME FINA	ichael MIDDLE	Pus	sloskie	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oy be depth depth		OR PRINT) Mich			ostie	3 23 8	6 9 15 PM
E de	3. SE	male	4 RAC Caucasia	n S. DATE	P1BIO -11 YEAR	6. AGE (INYEARS LAST BIRTHDAY)	IF UNDER LYE AR IF UNDER 24 HRS
4 8 8		male	caucasi		108/11	74 YRS	The state of the s
4 32 60		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
1 122/		Michigan	V.5.	WIDOW		Baltimor	e City MD.
1 1 1/4	200	OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120. USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
20 10	B	altimore	Sinaib	lospital	of Bost.	truck driver	
5 - 11	USU. 13a S	AL RESIDENCE (IF NURSING HOME) TATE 136. CC	DUNTY 13c. CIT	TY OR TOWN	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CO	DF
\$ 60 V		MD	- Bo	altimore	YES NO		od Ct. 21220
\$ 2" T.MA	7	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N	MIDDLE MIDDLE	Bekowicz
- 100		Nicholas VAS DECEASED EVER IN U.S.	Puslo	OSKIE OCIAL SECURITY NO.	Jul:	ADDRESS T	
0 0 0	1	YES, NO OR UNKNOWN)	, GIVE WAR OR DATES)		17. INFORMANT	(dghtr) 617 Sequ	Edgewood Md. 21040
E 25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	У	es W		-10-6265	RUCH ROZUD	(agrici) oi/ bego	
Pool of the state	10	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	ICED BY				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S Cook		IMMED	DIATE CAUSE (0)	diac a	rrest		immediate
ESTON ST., BALL		Conditions if you had		consequence of	- 14		18 hrs
* ** ** ** *** **		Canditions, if any, which gave rise to immediate			000		10101
of the state of th		cause (a), stating the underlying couse last.	DUE TO, OR AS A	consequence of	or other	infer Linu	4 days
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O TO THE STATE OF	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED
A Charles de San	Ē						TIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \(\bigcup \)
> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		210. ACCIDENT WAS UNDERLYING	110110 111 111	RY ONTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	B PART (OR PART 2)
ू च ब ुँदी के के हैं।	3	OR CONTRIBUTING CAUSE OF	DEATH	19	AND THE REAL PROPERTY.		
PHYS and in this of the burden de bu	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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OR ATTI		22b. SIGNATURY	PAI.		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
RAL deta		and	1. Hur		PHYSICIAN	DIRECTOR PHYSICIAN	3/23/86
OSP ned to UNE Id be the S		22d PHYSICIAN'S NAME (TY			22e. ADDRESS		e 11
TO HOSPITAL cretoined by the TO FUNERAL I Should be deto with the Store I MAPORTANT. If			nd P. All			ospital of	Boultimore
		URIAL, CREMATION, REMOV SPECIFY) Burial	3/26/86		EMETERY OR CREMATORY	y 23d LOCATION CITY OF IGWN Baltimore	COUNTY
BP					Hill		Md.
DHMH - 16 50M 4/83	23 70	705 Belair Rd	ERAL HOME, I	NC STATE	75a. D	MAR 26 1986 Julia	
(VRA 15, 4)		100 peratt ko	., Darlo. Ma	• 21230		MAR 26 1986 Julia	· Davidson-Randalle .



65097	1	FOR STATE REGISTRAR		DE	PARTMENT OF E	EALTH AND N	NENTAL HYGI	ENE 6	0	7 9	5 3
o 64		CEASED NAME FIRST		WIDDLE		AST		20. DATE OF DEATH	MONTH D		26. HOUR
d oob	3. SE	ANN	4. RACE	M	S. DATE (IGLEY		March 6. AGE (IN YEARS LAST		IF UNDER I YEAR	J A A
ge 4 m	3. 30	Female	Wh	ite		23,		83		ONTHS DAYS	HOURS MIN.
12 Per 19	76. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)		JSA	MARRIE WIDOW	D NEVER M	ARRIED S	9. BALTIMORE CITY Baltimo	_		MI
1	10 C	Baltimore	11. NAME O	E HOSPITAL N	PURSING HOME (E STREET ADDRESS) POR ROA	R OTHER INST		120 USUAL OCCUP.	ATION ST OF WORKING LIFE	126. KIND OF	BUSINESS OR
(14)		AL RESIDENCE (IF NURSING HO		13c. CITY O	E BEFORE ADMISSION)	13d INSIDE CI	TY LIMITS?	3706 De	S / ZIP CODE		
2 c #	14.F	ATHER'S NAME		Da		15. MOTHER'S	MAIDEN NAM	\E		,	21210
o do do		Daniel	MIDDLE	Quigle	y	An	ne ne	MIDDE	L	ynch tast	
Poges Poges		WAS DECEASED EVER IN U.S	S. ARMED FORCES		L SECURITY NO.	17 INFORMAN	NT.	AD	DRESS		
S. Pog		No	o, one man on onico,		10 2649	Miss	Betty	Brown,	Balto.		
apper oper ovol.		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse p			G	~,,	1 +	1	BETWEEN O	NATE INTERVAL NSET AND DEATH
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plea urial,		PART 2. OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERM!	NAL DISEASE OR CO	ONDITION GIVI	N IN PART 1:0	
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priory	CERTIFICATION	19a DATE OF OPERATION	195 CON	IDITION FOR V	VHICH OPERATIO	N WAS PERFOR	RMED	20e AUTOPSY?		, WERE FINDIN	
haws	1 1							YES NO	YES		NO [
Trons 18 S		21a. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONT	H DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18 PA	ART I OR PART ?)	
certification of the sentent	MEDICAL	LIFEITHER NOTIFY MEDICALEXA	MINER)	P.M.	19						
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After os t sith o		MHILE NOT WHILE AT WORK		de la la	4	7/02	10 83	10 March	10 /	086	
OR: Or use if Hee		22a.l certify that (1) (this h	e on 12	13		nd that in (my) (, , , , , , , , , , , , , , , , , , , ,	eath occurred on the			hat 🕜 (we) last nuses stated
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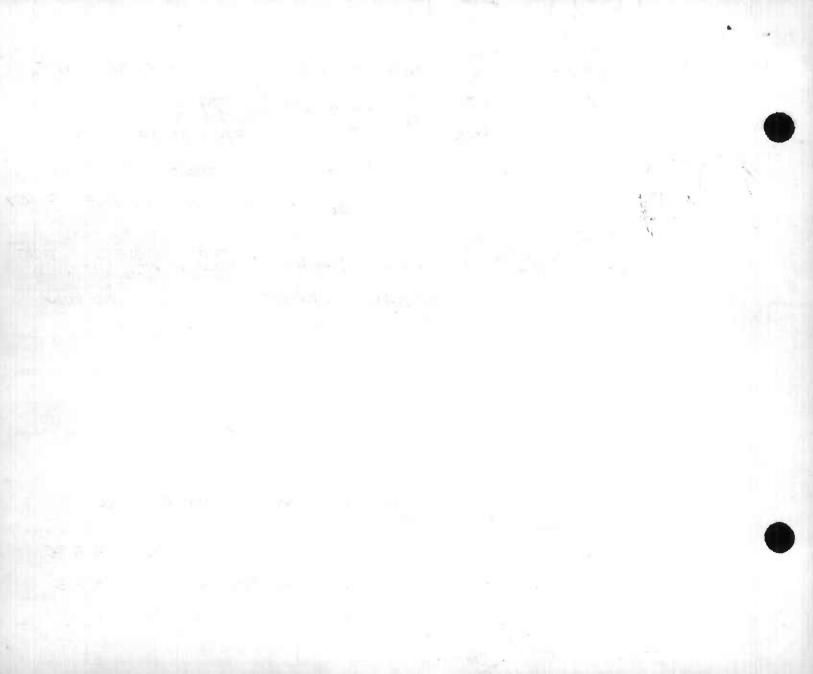
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g physical on poper emovol.		18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSEI IMMEDIAT		Den'e	endilis	gastacu	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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signed by hen please to buriol, c	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to						
on. hos been permit. T ene prior aws ony ire	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. 1 YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO	
CLAN The control of t		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	2)c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 16 PART I OR PART 2)	
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oritorio es compositorio es co		22a I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not	79 %		d that in (my) (our) opinion o	death accurred on the date and	d hour and from the couses stoted	
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BP		BURIAL, CREMATION, REMOVAL Burial	3/26/86		eran Cem.	Crownsville		
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STATE OF MARYLAND



Dundalk, Maryland

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24 FUNERAL DIRECTOR Duda-Ruck, INC.

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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rector.	L	MALE	BLACK	4 2 4 4 4 2	43 YRS	MONTHS DAYS HOURS MIN.
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TO HOSPITAL reformed by the TO FUNERAL should be deticated with the Store MPORTANT:		224 PHYSICIAN'S NAME (TYPE O	DANG	22e ADDRESS 40 S. j.	UNDALK AVE	Ballo 1/222
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COUNTY

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220. Certify that (I) (this hospital) attended the deceased from FEBRUARY 28 19 86. To MARCH 03 19 86, that (I) (we) lost sow the deceased alive portion of the date and hour and from the couses stated above. (I) (we) (did) (did/ana) MARCH 03 19 86, that (I) (we) lost sow the deceased alive portion of the date and hour and from the couses stated above. (I) (we) (did) (did/ana) MARCH 03 19 86, that (I) (we) lost sow the deceased alive portion of the date and hour and from the couses stated above. (I) (we) (did) (did/ana) MARCH 03 19 86, that (I) (we) lost sow the deceased alive portion of the date and hour and from the couses stated above. (I) (we) (did) (did/ana) MARCH 03 19 86, that (I) (we) lost sow the deceased alive portion of the date and hour and from the couses stated above. (I) (we) (did) (did/ana) MARCH 03 19 86, that (I) (we) lost sow the deceased alive portion of the date and hour and from the couses stated above. (I) (we) (did) (did/ana) MARCH 03 19 86, that (I) (we) lost sow the deceased from FEBRUARY 28 19 86 to MARCH 03 19 86, that (I) (we) lost sow the deceased from FEBRUARY 28 19 86 to MARCH 03 19 86, that (I) (we) lost sow the deceased from FEBRUARY 28 19 86 to MARCH 03 19 86, that (I) (we) lost sow the deceased from FEBRUARY 28 19 86 to MARCH 03 19 86, that (I) (we) lost sow the deceased from FEBRUARY 28 19 86 to MARCH 03 19 86, that (I) (we) lost sow the deceased from FEBRUARY 28 19 86 to MARCH 03 19 86, that (I) (we) lost sow the deceased from FEBRUARY 28 19 86 to MARCH 03 19 86, that (I) (we) lost sow the deceased from FEBRUARY 28 19 86 to MARCH 03 19 86, that (I) (we) lost sow the date and hour and from the couses stated above. (I) (we) lost sow the date and hour and from the couses stated and hour and from	PH then the bond ed o	ME	WHILE IN NOT WHILE IT			RM ETC)			CITY OR 1	OWN	COUNTY	STATE	
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RE1STERSTOWN, MD

UNERAL HOME

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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IF UNDER 24 HRS

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-/ . ILLIAM . AITHER ESTMINSTER

GRENATION NAM. 20,00 CARROLL CREMATION HAMPSTEAD, MC.

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STATE OF MARYLAND

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0	ATHER'S NAME FIRST Manuel	MIDDLE	Gonzalez		15 MOTHER'S MAIDEN NAMER NAME Manuela	MIDDLE	Rodriguez	
		ARMED FORCES? S GIVE WAR OR DATES!	215-54-44		Dr.Evangelin	a M. Ramos - Sam	e as #13e	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY: DIATE CAUSE (a)	Cardio pul	me	nary Arres	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	TH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	PAS A CONSEQUENT	101	Sepsis			
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-	226 PHYSICIAN'S NAME (T	Maula YPE OR PRINTS	au p		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/12/86	
23a.	BURIAL CREMATION, REMO		23r. NA	ME OF C	EMETERY OR CREMATORY	1236 LOCATION	BALTO, MD	_
14	Entombment FUNERAL DIRECTOR	3-14-	-86 Dr	uid	Ridge Maus.	Balto. E REC'D. BY REGISTRAR 256. REGIST	Md.	
Ru	ick Towson Fun	eral Home				1 4 1986	SVE SIGNATURE	٠

DHMH - 16 60M 7/8 (VRA 15, 4)

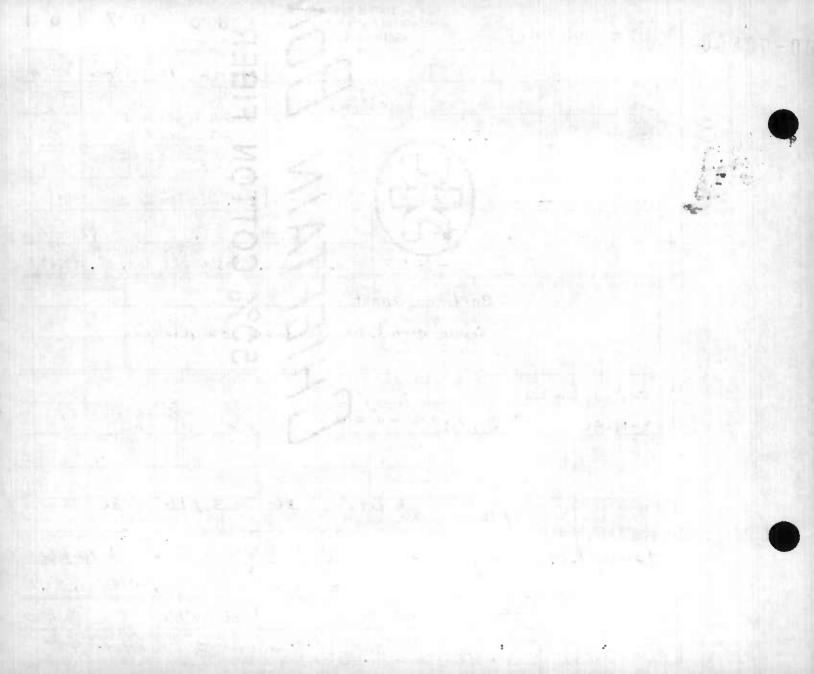
of mind of all the little

-1-4

FURERA BIRGIOR & Russell C. Witzke Funeral Homes P. A. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, MD. 21228

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)



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8 2	AZTE, WRITIN FORWARDED OR: PAGE 35 HE STATE DEF (ND, 21201 PR	2	WHILE AT WORK	NOT WHILE AT WORK		STREET, FACTOR	rt, PARM, EIC.)		31	MEEL		1.69	CITY OR TO	WN	C	VINUO		STATE
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25M	DHMH - 17 /R A15 ME (5))	24 F	NAME COW	or an Funer alomy	al Hor	neopres90	l Holl	lins	St.,	21223	250. DATE	REC'D. B	Y REGISTRA	256 REG	Dando	SIGNA -/	TURE	

Λ.	- 0 1 1-8 8	1	FOR - STATE REGISTRAR	DEPARTM	RENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7 9 6 5
, 0	poge 3	J 1. D	ECEASED NAME FIRST PE OR PRINT) JACOB	H. F	PASHBAUM	20 DATE OF DEATH MONTH DA	1-86 1240 AM
	rector.	3. S	MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY VEAR 92	93 YRS.	FUNDER 1 YEAR OF UNDER 24 HRS
	deoth. Pe	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) POLAND CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED DOWNCED DOWNCED DOWNCED	BALTIMORE CITY OR COUNTY OF BALTIMORE	CITY MD.
1201	in by the	205	DALTIMORE JAL RESIDENCE (IF NURSING HOME OF	SINAI HOSO ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADDRESS) I TAL OF BALT ADMISSION)	(TYPE OF WORK FOR MOST OF WORKING LIFE) MERCHANT	RETAIL
YLAND 2	min 24 h many tilled 2 should b	2	ATHER'S NAME	XXXXXXX BALTI	NOTE 134 INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA	130 STREET ADDRESS / ZIP CODE A	ANE 21215
RE, MAR	150	160	HARRY WAS DECEASED EVER IN U.S. AR	RASHBAUM RMED FORCES? 166 SOCIAL SECU	GERTRUDI		OBROFSKY M APT. 211
LTIMO	to be est	-	YES WWI	ARMY 101-22-	7901 3601 FORDS	LA. BALTO., MD	21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 W. PRESTON	quires that the date in the file of the training place certain confidence of the file of t		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D		NIN AL DISEASE OR CONDITION GIVE	N IN PART I 10
AL RECOR	The law is to a series been at permit if generally have any in	RTIPICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	Land Land
SION OF VIT	PHYSICIAN ending physic the certificat is build-trans of Mental Hysi day here 18 s	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING AUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURÉ OF INJURY IN ITEM 18 PA	COUNTY STATE
DIV	ATENDRIG spital or att CTOR After for use as if of Health a		220. I certify that (1) (his hasp	ital) attended the deceased from 19 19 19	, and that in (my) (our) opinian	to MAPCH 1 death occurred on the date and haur	9 4, that (i) (we) ast and fram the causes stated
•	PITAL OF A by the ho EFFAL DIRE Selections Sales Dept		MALE PHYSICIAN'S NAME (TYPE	OR PRINT)	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3-19-SE
	TO HOSPIT retoined by TO FUNETS should be with the S IMPORTALL	22.	RUSERT DE	MARLO, M	O SINAI HOS	1236 LOCATION	T 21215
	BP		(SPECIFY) BURIAL	MAR.20,1986 MD LEVINSON & BROS.	FREE STATE POST 1	67 JWV ROSEDALE	RALTO MD
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00 00	deo	3. SE)		elen	I. RACE	Α.	I DATE	Ratl:	Tree .	6 AGE (INY	EADE LAST BIDS	JDAVI IS I	UNDER I YEAR	IF UNDER 24 HRS
ge 4 m	s ofter	1	FEMALE		WHIT	E	080	21	/1907		78	YRS	NIHS DAYS	HOURS MIN.
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20	10	B.	AUTIMORE DEAT	Н	II. NAME OF		URSING HOME HOSPITA		NSTITUTION	(TYPE OF WOR	OCCUPATION FOR MOST OF	WORKING LIFE)		Coast Guard
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ORE, N	5 9 2		VAS DECEASED EVER IN			166 SOCIAL	SECURITY NO.	17 INFOR	MANT		ADDRES	SS	trusi	
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DS, 20 quir	o bi	N	PART 2 OTHER SIGNI										0.	
L RECOR	permit T	CERTIFICATION	190 DATE OF OPERATION 3/17/8		196. COND	ITION FOR W	HICHOPERATI	ON WAS PER		200 AUTO		20b. IF YES, VIN CERTIFYIN	VERE FINDIN	
OF VITA CIAN: Th physicio	ol-tronsit tal Hygie m 18 sho		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEAT	"		DAY YEA	21c. HOW	INJURY OCCUR					
DIVISION OF VITAL ING PHYSICIAN: The cottending physicion ther this certificate h	ond Men	MEDICAL	21d INJURY OCCURRE	D E	21e PLACE	OF INJURY	FFICE, FARM, ETC.)	21f LOCA STR	TION		CITY OR TOW	/N	COUNTY	STATE
TENDIN ortol or	or use or of Health 21 is mar		22a.1 certify that (1) (this haspite	26 M	rarch.	0 -1	mand that in (m	ele 19 86. ny) (aur) apinian	ta	/	re and have a	26, t	that (1) (we) last
the hosp	te Dept.		abave, (I) (we) (di	Oly	in be	atter death	1	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI	AN ID	22c. DATE :	SIGNED, 26/86
HOSPITA Parined by	should be dete		22d PHYSICIAN'S NA/		PRINT) REPS	m		22e ADDR	RESS	HOW.	4	0	ACTIO	more Mi)
5 g 5	53 ₹	23a B	URIAL, CREMATION, R	EMOVAL	23b DATE		23c NAME OF	CEMETERY O	R CREMATORY	23d LOCA				
BP		(Buria:	1	3/29	/86	Loudon	Park	Cem		1 time	ore. N	arvi	and
DHMH	6 60M 7/B4	24 FL	INERAL DIRECTOR	Bal	timore			1225	25a DAT	E REC'D. BY R	EGISTRAR 2	SHIREGISTRA	R'S SIGNAT	Minds 82
	. 15, 4)	Ge	orge J.	Gone	e 4001	Ritc	hie H	rww.	MA	R 2.7	1986	C. TAULO JUNE	1 4001-1	1-1

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	RECORDS,	A BU	REMATIO	-	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO	DEATH DU	IT NOT RELA	TED TO THE TER	MINAL DISE	ISE OR CONDITIO	N GIVEN IN PA	RT 1 (a)						
	SECO.	- F S 4 4	ë	CERTIFICATION	19a, DATE OF OPER	ATION	I.m. o		0600								- 1			
		SHOULD BE ORD "PEND CHIEF MED E USED AS. T OF HEALT	SIAL	FICA	148. DATE OF OPER	AHUN	19b. C	ONDITI	ON FOR	WHICH OPE	RATION	WAS PERFOR	RMED?						AUTOPSY?	
	FVII	N S S S S S S S S S S S S S S S S S S S	8/	ERTI	210. EXTERNAL CAL	JSE WAS	21b TI	IME OF 1	NJURY		210	OW INTER	COCCUPPE	DIENTER	NATURE OF INJU	DV INI ITEM TO	BART I OR R		YES [NO [X]
	DIVISION OF VITAL		OR TO		UNDERLYING CONTRIBUTING	OR CALISE OF DE	HOU	JR A.M.		DAY YEA	R	10 17 11 13011	OCCORRE	DIENTER	1471046 01 11490	KT NY JIEM 10	PART FOR F	nki 2j		
	ISIO	DEPARTIES OF THE PERMIT	S .	MEDICAL	214 INJURY OCCUP		21e P		FINJURY		21f. L	OCATION								
	No.	HIS CER WARDED WARDED PAGE 3 SI	201	¥	WHILE AT WORK AT W	WHILE	STRE	EET, FACTO	RY, FARM, E	rc.)		STREET			CITY OR TOW	N	CC	YTHUC		STATE
	F	STA STA	, 2		220 I certify that		of the samo	ins descr	shed abo	va hald as	Auto		Investo		1 1	X an		1.77		
		EXAMINER: CERTIFICATE OULD BE FORM DIRECTOR: (, WITH THE S	N N		death resulted from		I causes	3.	Accident		icide [Inspection		Inquiry (nd in my o	pinian		
		ERTIN	AR≺			7,0,0	R	5		1	7		SPECIFY)	Onden	ermined mor	inter,				
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	2	CUTE 11 CUTE 11 FUNER 4 SP	N N		EXAMINER'S NAME		-	/												
	- 3	- III	Y		(TYPE OR PRINT)	Gred		R. Ka		nan, M		_ADDRESS_			nn St.	Bal	lto.M	D.		
	1	5245#	αĞ	(5	JRIAL, CREMATION,							OR CREMATO		-	OR TOWN		cou	INTY	STA	ATE
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Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

Tulia Davidson-Mandalle

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE

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in Tage 4 may be and director, page 3 72 haurs ofter death	3. SI	F	A RACE B	S. DATE OF BIRTH	20 DATE OF DEATH MONTH A AGE IM MAISTAIL MINOATI YRS ALTIMORE CITY OF COUN	IF UNDER 1 YEAR IF UNDER 24 MIN.
hours offer dead	<i>৬</i> ড	JAL RESIDENCE (IF NURSING HOME OR STATE	(IF NOT IN SUCH FACILITY, GIVE STREET OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13CITY OR TOW	E ADMISSION) 1134 INSIDE CITY LIMITS?	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) 130 STREET ADDRESS / ZIP CO	A AT HONG
tE, MARYLAND cuted within 24	3 "	WAS DECEASED EVER IN U.S. AR.		15. MOTHER'S MAIDEN N.	WI/3 EN	21217
it., BALTIMOR		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one cause per line far (a), (b), an D BY:		est is a ser	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON S equires that the deoth ce in signed by the attending Then please remove corbo to burrol, cremation, or in injury, ar ather traumatic	NO	Conditions, if ony, which gove rise to immediate couse (0), stofing the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	tolk cance	MINAL DISEASE OR CONDITION C	GIVEN IN PART TIO
VITAL RECOI	CERTIFICATION	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED 214 HOW INJURY OCCUI		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO BARLLOR PARL?
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The law requires the offer this certificate has been signed to as the buriel-transit permit. Then plea the not Mental Hygiene princit aburiol orked or item 18 shaws any injury, are	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	19 211. LOCATION	CITY OF TOWN	COUNTY STATE
by the haspital or XIENDI by the haspital or RRAL DIRECTOR. A edetached for use State Dept of Heal		sow the deceased olive on	t) view the body ofter depth.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	19, that (I) (we) lost nour and from the couses stated
BP	6	BURIAL CREMATION, REMOVAL (SPECIFY) BUNYAL FUNERAL DIRECTOR NAME AME AME AME AME AME AME AM		NAME OF CEMETERY OR CREMATORY 1 / 1/2 / 1	23d LOCATION 23d LOCATION AR 1 9 1006 4 6	

Beating Nort Roop U. M.d. Hesp. the respecting a rest metatethe cancel

BURGEE-HENSS Funeral Home 3631 Falls Rd 21211

(VRA 15, 4)

